THE FEDERAL WAR ON DRUGS; PAST, PRESENT, AND FUTURE

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

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(99th Congress)

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THE FEDERAL WAR ON DRUGS, PAST, PRESENT AND FUTURE

FRIDAY, OCTOBER 3, 1986

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The committee met, pursuant to call, at 9:00 a.m., in Room B-318, Rayburn House Office Building, Hon. Charles B. Rangel (chairman of the committee) presiding.

Present: Representatives Charles B. Rangel, Frank J. Guarini, Benjamin A. Gilman, and Michael L. Strang.

Staff Present: John T. Cusack, Chief of Staff; Elliott A. Brown, Minority Staff Director; Ronald A. LeGrand, Staff Counsel; Barbara Stolz, Professional Staff Member; Jim Lawrence, Minority Staff; Jehru Brown, Investigator; and Khalil Munir, Investigator.

Also Present: Representatives Mickey Leland and Alton R. Waldon.

Mr. RANGEL. The Select Narcotics Committee will come to order.

We are pleased to have with us a Member of the Select Narcotics Committee that has really been the right arm in terms of dealing with the problem domestically and internationally, my friend from New Jersey, Congressman Frank Guarini, is recognized.

Mr. GUARINI. Thank you, Mr. Chairman. I want to commend you for bringing this meeting today to shed light on what has happened to the black community, as to where we are going as a nation regarding our drug efforts. I thank you for your leadership.

Mr. RANGEL. And also an old friend from New York, from the Sixth Congressional District, located in Queens, Congressman Waldon is recognized.

Mr. WALDON. Thank you very much. It is a pleasure to be here and participating in this very significant hearing.

Mr. RANGEL. Thank you.

The chair welcomes all of you to the 16th annual meeting of the Congressional Black Caucus, as well as the hearings that we always have in connection with the problems we face in the drug area. I also would like to point out that at some point during these hearings people will be coming in with chairs and I think that the point has occurred.

In any event, as most of you know, we in the black community have suffered out of proportion than the rest of the nation as relates to drugs. Sometimes it is almost amazing to respond to reporters as they say: Is the Congress overresponding; or why are you

doing this in an election year; or don't you think too much attention has been focused on the problem.

And yet we go into our hospitals, look at the AIDS patients, related to heroin addiction problems; we go into the emergency wards and see the number of blacks that have been hurt or have killed themselves unintentionally. We take a look at the crime statistics, the shattered communities, and we wonder what took them so long to realize that it was not a black or Hispanic or minority problem, but certainly it was a problem that the nation has had, notwithstanding the attention that this President has given to the problem.

It still amazes me that nobody can recall any major statement ever being made, even today, by the Secretary of State. The President of the United States has declared the drug crisis a national emergency, and yet it defies one's memory to see what major statement has been made by the Secretary of Defense as relates to the protection of our borders against an enemy that is being propelled in not by machinegun bullets, but certainly by cocaine and heroin, where we expect in every major country that produces bumper crops.

And of course, finally, with such a crisis that we have seen threaten the existence of governments, democracies, it baffles us how little the Federal Government is doing in terms of demand.

Not one Federal center to treat the millions of people that find themselves addicted to drugs, and even the amounts of money that we used to send to the local and State governments to take care of the problems have been reduced dramatically. For whatever reasons, loss of outstanding athletes, the power of the first lady, the intrusion in this area of Jesse Jackson as he goes from school to school, or in my opinion the American people getting fed up and saying enough is enough, do something in Washington.

The Congress has at long last responded. And so the Select Narcotics Committee, working very closely with the committee chairmen of the standing committees under direction of our majority leader Jim Wright, who will be our next speaker, in coordinating this effort with our Republican colleagues, put together an omnibus package to deal with this problem, to give assistance to our friends overseas who want to assist in eradicating this poison from their country, to make certain that the sanctions are provided to those who just ignore their bilateral and international obligations, to help the Customs to protect our borders, to tell the military that a part of our national defense is protecting these borders against the intrusion of drugs and providing for funds for them to give assistance without doing violence to their readiness in terms of national defense.

And most importantly, to give assistance to the frontline troops, whether in law enforcement, in the criminal justice system or in education and treatment, to provide funds for them to get on with the job, to get on with the war, and to try to seek victory in the shortest time possible.

In the course of this, politics did enter the legislative process and some of our friends thought it was necessary for their reelection to vote for the death penalty. Others thought even the Constitution and the exclusionary rule, which means the protection against ille-

gal search and seizure could be violated. Some Members voted for an amendment which would say the search and seizure would be legal if the law enforcement officer acted in good faith. As a former prosecutor I would like to know where they could find a police officer that operated in bad faith.

And then the last thing which we thought was very harmful was giving the military the authority to make civilian arrests. God bless the military, but military policemen have a different standard, and our country, our republic prides itself on the fact that we have always separated the responsibility of enforcing civil laws by civil authorities and not military authorities, and I would like to say the military never asked for this, and in fact rejected it.

Fortunately, the Senate dropped all of these amendments from their drug bill. They attempted to add other things that were not as violent but not germane to the problem we are facing, and in the course of dropping they also dropped the money that was necessary for us to enforce the law.

When the House and Senate passes a bill and you find a difference in a bill, we get together in a conference to try to work out those differences, and that is where we are today. It is hoped that the Senate bill will be cleaned up, that we will be able to get an amendment to put the money in that bill and that we will not have the heavy burden the House placed on it, nor the burdens, legislative amendments the Senate placed on it, and that we will end up for the first time in our national history with a comprehensive strategy, at least a legislative strategy, and hopefully instead of the President rejecting it, that he might not only embrace it but use his leadership to put together a better national strategy.

Already he has reacted to a request of a White House conference in taking at least that first step in calling back our ambassadors assigned to these countries and in bringing in the heads of governments that have violated their agreements with the United States as it relates to eradicating and controlling the production of narcotics.

So I think this is the first time that the Black Caucus and the Congress have good legislative news for you to take back home, and I thank the witnesses that are coming from the Federal Government and different departments and agencies. They will be making brief statements to you. We will, in the Caucus, have their full statements available and will be prepared to send them to you if you want them. I will be introducing them and will ask them to further describe and identify themselves. the people that we have coming from the community who ultimately will be asking some of the questions from the Federal Government on behalf of you.

And so the meeting will come to order, and the chair thanks Mark Dion, Deputy Assistant Secretary with the Bureau of International Narcotics Matters from the Department of State. Next to him is John Walters, Special Assistant to the Secretary, Department of Education; Charles Schuster, Director of the National Institute on Drug Abuse; Admiral Paul Yost, Commandant of the U.S. Coast Guard, a favorite of the Congress. They have done a nice job.

We don't mind picking out our friends. Tom Kelly, Deputy Assistant Administrator; Steve Trott, Associate Attorney General, De-

partment of Justice; Steve Olmstead, Major General (retired), Director of the Department of Defense Task Force on Drugs; Frank Keating, Assistant Secretary for Enforcement, Department of Treasury, Chairman, Southwest Border Committee on Drug Policy Board.

From the civilian side and those that will assist us in asking questions on behalf of the community at large, is Paul A. Perleman, Legislative Counsel to the District of Columbia Public Schools; Beny Primm, one of our outstanding doctors in the City of New York and dedicated people in trying to find some answers to this problem, who is in addition the Executive Director of the Addiction Research and Treatment Corporation from Brooklyn, New York; Dr. Elsie Scott, who coordinates the National Organization of Black Law Enforcement Executives, a large police group throughout the United States that I recently had the great pleasure of meeting and addressing; Sterling Johnson, the work horse in narcotics law enforcement. You have seen him on television, a good friend of the Congress. He is the special prosecutor for the City of New York and a buddy of mine. We worked together in the U.S. Attorney's Office. Karst Besteman, Executive Director of Alcohol and Drug Problems Association; and Nolan Jones, Dr. Nolan Jones, Staff Director of the Committee on Criminal Justice, the National Governors Association.

On behalf of all of our constituents, we thank all of you for taking the time to share your expertise with us, and at this time we will start off hearing a statement from Mark Dion, the Assistant Secretary for Narcotics Matters.

We ask that the witnesses summarize their testimony in five minutes so that we can hear everyone and save the maximum of our time for questions and answers.

[The opening statement of Mr. Rangel appears on p. 53.]

Mr. RANGEL. Mr. Dion.

TESTIMONY OF MARK DION, DEPUTY ASSISTANT SECRETARY, BUREAU OF INTERNATIONAL NARCOTICS MATTERS, DEPARTMENT OF STATE

Mr. DION. Thank you. I would like to begin by saying how valuable we believe your annual caucus is to the overall international drug campaign, because you bring together State and local decisionmakers to confront a problem of high national importance.

For those in your audience who are not familiar with our bureau, let me say briefly that we are the policymaking agency for the government's international narcotics control effort. We set the guidelines and conduct the diplomatic negotiations for agreements between our government and the governments of narcotics source and transit nations on crop control, interdiction and other narcotics enforcement. We are also a program bureau, with operations in some twelve countries, where we provide funds for projects to eradicate narcotics crops and conduct seizure operations.

Given the complexity of the overseas challenge, all of the administration's objectives cannot be achieved through our bureau alone. INM works closely with DEA and other elements of the Department of Justice, as well as Customs, the Coast Guard, the Depart-

ment of Defense, the Agency for International Development, and the intelligence community. Together we design, develop and operate programs overseas as well as evaluate results.

We have several tools you should know about. First is the U.S. Government's diplomatic leverage with other countries. The second tool is the money and commodities we provide these governments to carry out their anti-narcotics programs. Other tools are also quite effective, such as overall economic assistance and development programs. The demonstrated willingness of our Congress to cut off foreign assistance to countries that refuse to cooperate on drug control is crucial.

Fact-finding tours of Congressional committees are also important to our efforts. Several key congressmen are prepared to inform foreign officials that there is a tight link between drug enforcement cooperation and Congressional willingness to approve foreign aid. Congressman Rangel, as the chairman of the Select Committee on Narcotics Abuse and Control, has been a leader for many years of a strong Congressional oversight of narcotics control programs.

I think with that brief introduction to our work, we will wait for questions. Thank you.

Mr. RANGEL. Thank you, Mr. Secretary.

[The statement of Mr. Dion appears on p. 65.]

Mr. RANGEL. Frank Keating, Assistant Secretary for Enforcement, Department of Treasury, Southwest Border Committee on Drug Policy. Welcome.

TESTIMONY OF FRANK KEATING, ASSISTANT SECRETARY FOR ENFORCEMENT, DEPARTMENT OF TREASURY, CHAIRMAN, SOUTHWEST BORDER COMMITTEE ON DRUG POLICY BOARD

Mr. KEATING. Thank you, Mr. Chairman.

I have presented to the committee a formal statement. I will not read that statement, but briefly, for the sake of our audience and for those from the Congress who are especially interested in this work—which we of course appreciate, and we look to their leadership as we always have in this area—I would like to give you a brief overview of my responsibilities at Treasury and what Treasury is attempting to do in this area.

I am the Assistant Secretary for Enforcement. My responsibility includes oversight of the Treasury enforcement bureaus, the U.S. Customs Service, the U.S. Secret Service, the Bureau of Alcohol, Tobacco and Firearms, and the Federal Law Enforcement Training Center. I also have responsibility for the Office of Financial Enforcement, which oversees the enforcement of Title 31, civil violations. Those are violations of the Bank Secrecy Act. Treasury has over the years, through the Customs Service, taken a lead role in the interdiction effort. We appreciate your leadership, Mr. Chairman, and the efforts of the Congress, in providing the resources necessary to carry out our responsibility.

Since 1981, we have received substantial increases in those resources, and we have enjoyed substantial success in the increased seizures which have resulted from those resources and the commit-

ment of the men and women of the Customs Service and the other bureaus, boards and agencies of the Treasury Department.

Recently I had the honor of being selected by the Attorney General to chair Operation Alliance, a special effort to apply resources to the Southwest Border. Intelligence information we were receiving indicated that recently the increase of narcotics from Mexico had become alarmingly dramatic, with fully one-third of the marijuana coming into the United States now being grown or transshipped through Mexico, upwards of one-third of the cocaine, and one-third of the heroin.

As a result, under the leadership of our Attorney General, we put together an umbrella alliance of various elements of State and local government to attempt to do something about that threat. In the Treasury Department, we are placing 384 Customs officers, inspectors and agents along the border between now and the first of the year. DEA anticipates 188 agents, and there will be 75 or so FBI agents and 100 IRS agents and support personnel.

And as a result of the Congressional initiatives and the funds that Congress has applied or suggested be applied to this effort, we anticipate some $260 million so that we can construct five aerostat radar balloons along the Southwest Border, increase helicopter and air resources, DEA agents and Assistant U.S. Attorneys, voice privacy radios and the like, which will give us a leg up in the enforcement battle along the Southwest.

This does not mean to suggest that the Treasury is not concerned and vigilant about the rest of the country. It is just that as a result of the information we had been receiving during the course of the spring and early summer, a special emphasis needed to be made to the Southwest border, which is under way at this time. I will be happy to answer any questions the Committee might have. I appreciate this opportunity of representing the Treasury Department, Mr. Chairman.

Mr. RANGEL. Thank you so much.

[The statement of Mr. Keating appears on p. 79.]

Mr. RANGEL. General Olmstead, retired, who directs the Department of Defense Task Force on Drugs.

TESTIMONY OF STEPHEN G. OLMSTEAD, MAJOR GENERAL (RETIRED), DIRECTOR, DEPARTMENT OF DEFENSE TASK FORCE ON DRUGS

General OLMSTEAD. Thank you.

I'm pleased to have the opportunity to be here today to testify before the Select Committee and the audience. I have been associated with the main target group, I guess, on our war on drugs, the 17- to 20-year-olds, for 38 years during my service in the Marine Corps. Quite frankly, I have seen the pits of drugs in the military. I guess this is typified by what happened in the seventies, when I had the responsibility of identifying two of my Marines that died of an overdose of drugs.

I have also seen a very positive effort to clean up our act in the military, where now the use of illegal drugs by our soldiers, sailors, airmen and marines is an aberration, not the norm. Where in 1980 almost one out of two of our junior enlisted men were using some

kind of a drug, today the service-wide statistic is 9 percent, and that is going to decrease too. We did this not by relying on the interdiction of drugs coming onboard our ships and bases, but what I consider a more important education of the troops and punishing those who don't abide by the standards set. I am sure I speak for all of my service colleagues when I say that illegal drug use is morally repugnant to all of us, and those people who traffic in this sickness must be dealt with in the severest of terms.

In the Department of Defense we are willing and active participants in this battle. We have already used considerable resources and manpower to begin what is a long uphill struggle to end our country's drug problems. We are taking, and will continue to take, an active role in eliminating drugs.

Within our own house, the Department of Defense has shown a 67 percent reduction in reported drug use by our people since 1980. We are proud of this accomplishment. We've shown it can be done. We also realize until the problem has been conquered, we have to keep the effort on. In the area of drug interdiction. our response rate to requests from the other agencies, the real experts in the interdiction of drugs, is over 98 percent. Although we are eligible for reimbursment for this response under provisions of the Economy Act, we normally choose not to do so. We provide the maximum support to the experts, the civilian drug law enforcement people, when substantially equivalent training can be obtained for our soldiers, sailors, airmen and marines.

We are taking a liberal view of the interpretation of substantially equivalent training. We bend over backwards as much as we can within the intent of Public Law 97-86. For example, during fiscal year 1985, the Department of Defense honored nearly 8,000 individual Federal, State and local law enforcement agency requests for assistance. Included among that were 3,000 aerial interdiction sorties. Our airmen spent almost 10.5 thousand hours in the air on air interdiction. During the first half of this year, we have flown over 6,000 hours of surveillance alone. To date, we have loaned over $140 million worth of equipment to the experts, the civilian drug law enforcement agencies.

To be sure, the defense of this country is the number one priority of the military. We must continue the delicate balance between providing drug interdiction assistance and maintaining our national military readiness and national security imperatives.

As the chairman fully knows and recognizes, the next war is going to be an instant war, with potentially catastrophic results. We won't have time to wake up and gear up. We have to be vigilant and on guard now. And our sailors, soldiers, airmen and marines are ready. The proper role for our military forces in the drug war is to provide support so that the civilian law enforcement agencies can make the necessary arrests, searches and seizures. This will not compromise the traditional separation of the military from civilian activities, and allows us to counter the massive destructive firepower of an aggressive enemy.

Drug interdiction alone will not win the war on drugs. I am convinced the department I represent has done its part and will continue to do its part and look for ways to support the experts, the civilian law enforcement agencies.

Mr. Chairman, I appreciate the opportunity to be here. I look forward to your questions.

Mr. RANGEL. Thank you, General, and welcome aboard. We look forward to the continued cooperation with the Defense Department Task Force on Drugs.

[The statement of General Olmstead appears on p. 83.]

Mr. RANGEL. Let me take this moment to introduce Mike Strang, one of our Members from Colorado. Normally when we introduce Members we refer to the majority being Democrat or the minority Republicans. He is a Republican from Colorado but in the years we have worked together on the Narcotics Committee, so far we have not had a partisan issue that has separated Republicans from Democrats. I would like to recognize you for whatever statement you would like to make.

Mr. STRANG. I would applaud you for holding this hearing and for the people who are able to interrupt their busy lives and come. We have just joined the war on drugs really, and Congress has now provided the muscle. We will make the bullets; you are going to have to shoot them.

Mr. RANGEL. Thanks, Mike.

Mr. RANGEL. Steve Trott, Associate Attorney General, Department of Justice.

TESTIMONY OF STEVE TROTT, ASSOCIATE ATTORNEY GENERAL, DEPARTMENT OF JUSTICE

Mr. TROTT. Thank you, Mr. Chairman. In 1981 and 1982, the United States Department of Justice, in a move that was somewhat unusual for government in Washington, decided to set its priorities on the basis of what could be discovered in Washington by asking people in the field: What are your law enforcement problems and what do you think our law enforcement priorities ought to be?

The Attorney General of the United States, William French Smith, sent a personal message to every United States Attorney and told the United States Attorneys to sit down in his or her district with State, local and Federal law enforcement officials and determine what ought to be done about the major problems that were out there in the field.

It was on the basis of this exercise that Washington had decided to set its national priorities for law enforcement. And somewhat to our surprise, we discovered the overwhelming number of Federal districts reported back from that exercise that drugs were the major problem in the districts to whom we were talking. On the basis of that, plus observations by the Department with respect to this problem, at that time, in 1982, the Department of Justice, on behalf of the Federal Government, established drug law enforcement as the number one enforcement priority in the United States. This is something that happened four years ago and it has remained the number one law enforcement priority since that time.

What does that mean? It means a number of things that I would like to briefly go over. It means, first of all, shortly after we made these observations the Federal Bureau of Investigation was brought, for the first time, into the war against drugs. Up until 1981, the Federal Bureau of Investigation, although one of the pre-

mier law enforcement agencies in the United States, had not been involved in doing anything about the drug trafficking problem in the United States.

DEA was carrying the brunt of the burden by itself, along with Customs, with support from other agencies. At that time the Federal Bureau of Investigation was brought into the war against drugs and is now a full participant in that program and devotes over a thousand agent-years to the program every fiscal year.

In connection with bringing the FBI into the drug war, we also established the Organized Crime Drug Enforcement Task Force program. This was a program that was supported very strongly in Congress in terms of resources and providing us the bullets that we were supposed to shoot, and essentially we divided the country first into 12 and finally into 13 regions.

In each region, a task force was set up with specially trained Federal prosecutors, and representatives were especially assigned from all Federal law enforcement agencies having as one of their primary responsibilities, the fight against drug trafficking: the FBI, DEA, certainly the lead agency, the Bureau of Alcohol, Tobacco and Firearms (BATF) from the Department of Treasury, Customs officials and especially the IRS. And the objective of the Organized Crime Drug Enforcement Task program was to identify major drug trafficking cartels operating internationally and in the United States, target them for investigation and prosecution, put every one of their members where they belong, in Federal prison, and not only do that in terms of dismantling these organizations that flood your neighborhoods and ours with drugs and so menace our children, but to identify every penny ever made by these drug cartels and, using Federal law, identify and forfeit the stock portfolios, the bank accounts, the airplanes, the land, the businesses, and everything, pursuing what we call a "scorched earth" policy.

The drug traffickers not only not go to jail but their organizations are permanently put out of business and the message goes out loud and clear that there is no profit in drug trafficking, it is only a quick way to get a return address on your mail of a Federal prison, Leavenworth or Marion. At that time we put into place the National Narcotics Border Interdiction System to supplement the South Florida Task Force, and both Vice Presidential and Presidential initiatives to interdict the flow of drugs and narcotics into the United States.

Realizing that crime and especially drug trafficking is not just a local or even a national problem, but it is an international problem, under the strong leadership of the Secretary of State, George Shultz, the Bureau of International Narcotics Matters of the Department of State, DEA, the Justice Department, and Treasury Department reached out across the seas to countries where this problem originates.

In 1980–81 we had one, maybe two programs involving drug eradication around the world. One of the statements of George Shultz has been to back the eradication program fully, and we now have 14 very aggressive, very efficient successful drug eradication programs going around the world.

We have also updated our extradition treaties. It became clear many drug traffickers pouring drugs into the United States stayed

away from our territories. To do something about that, we have to have extradition treaties with our foreign friends so we can identify drug traffickers guilty of committing offenses against American law, bring them here and lock them up. We have upgraded our extradition treaties with Colombia, which now sends us drug traffickers who go to prison in the United States. This is reciprocal. If Colombia identifies an American citizen violating Colombian law, that citizen goes to Colombia to stand trial.

We have also increased our mutual legal assistance treaty program. DEA, the FBI, all the agencies need information to identify and prosecute drug traffickers. We have to be able to reach out as quickly to Colombia, Ecuador and Brazil for information to be used in court, as the FBI and DEA can from New York to Los Angeles.

Through these treaties, we have managed to tighten this network that enables us to pursue these programs very aggressively. Hopefully, next week the Attorney General and the government of Mexico will announce plans to sign a mutual legal assistance treaty, for example, that will enable us to do this in Mexico.

We have gone after the bank secrecy problem with a vengeance. You might know this, but if you follow the dope in a criminal investigation you rarely get to the people running the organizations. The big people are those who sit at the top in the castles on the hill, flying the airplanes and floating around in the yachts. But if you follow the money, you can find those people and do something about it.

We ran into what we call a bank secrecy jurisdiction problem in the Cayman Islands, in the Turks and Caicos, and Panama. With the leadership of the Department of State, we have now been negotiating arrangements with those countries so that bank secrecy jurisdictions no longer exist when it comes to narcodollars. The Cayman Islands have signed an agreement, and so have the Turks and Caicos. Mexico is right behind. We have been talking to Panama. We met with the Prime Minister of the Bahamas the other day and we think we will very shortly have a treaty with them.

As I pointed out earlier, the military has been tremendously helpful in this. You may have heard of operation Blast Furnace in Bolivia. The Bolivian government, with the support of American civilians and military forces, is destroying the cocaine business in Bolivia. We have every reason to believe that, with the backing of the Treasury Department and State Department, we will do serious permanent damage to cocaine trafficking coming out of Bolivia.

The long and short of it, Mr. Chairman, is that under the direction of the National Drug Enforcement Policy Board, which was established by Congress a year and some months ago, directed by the Attorney General of the United States and attended by the Secretaries of all Federal government departments having a role in this, the Federal government still regards this as the number one law enforcement priority in the country, and I assure you that the will, energy and commitment remains there to do continuous and terminal damage to the drug problem.

The question arises, if we have been so good, if we have been so effective, if we have done so much damage, why does the problem remain? We recognized over two years ago not only are tough law

enforcement and military programs needed but the market for drugs in the United States must be decreased.

And when we go to foreign countries and belly up to them and ask,"What are you doing to stop drug production down here?" they reply, "What are you doing to knock out the market in the United States?" We have got a big market here. It acts as a magnet. No amount of ingenuity on the part of Customs, DEA, or Treasury will stop drugs coming in from foreign countries as long as you have millions of Americans spending billions of dollars for drugs, and Nancy Reagan is not only interested in the welfare of young people around the country, but she understands this greater problem also.

So we are all standing up, all across the country, under the direction and leadership of the Congress and the President, to change America's attitude about drug use, to destroy the myths and nonsense that comes out of the '60s and '70s. And as the first lady put it in a talk to some young children in Oakland, California some years ago, "Just say No to drugs."

Mr. Chairman, thank you very much.

Mr. RANGEL. Thank you very much.

Before we move to our next witness, and even though it may look like we are playing the game of rotating Republicans—he said it is because there are so few of us. That is why they call them minorities. Ben Gilman is the most senior Republican on the Select Narcotics Committee. He is one of the most dedicated Members we have in the Congress. He has fought this notwithstanding the fact that he comes from an upstate community in New York State, and his hard work and contributions that he makes to the Select Committee allows me to think of him more as a co-chairman than just as a senior Republican. Benjamin Gilman.

Mr. GILMAN. Thank you, Mr. Chairman, and I want to greet all our participants in the Black Caucus. I commend you for taking time to come to Washington, and welcome to our select committee.

I want to commend you, Mr. Chairman, for arranging such a distinguished panel. This is probably one of the most extensive and experienced panels that we have had before our committee for a long time, and you are certainly going to get an overview of where we have been in the Federal Government and where we are going nationally as well as internationally in confronting the drug problem. So I commend our chairman for arranging this and commend you for participating in what I consider to be one of the most critical problems confronting not only our nation but the entire world.

Most of you who are here have probably been involved in one way or another in our battle against narcotics and recognize the enormity and complexity of the problem. The enormity is that we have over a half a million people who are addicted to hard drugs in our nation. And we have millions of young people who are now experimenting, using and abusing the "crack" substance which is so inexpensive, so highly addictive and so highly depressive that it has swept across our nation in the past few months like an epidemic.

And it took the tragic death of Len Bias, that fine young man who was about to reach the pinnacle of his career, to see his life snuffed out by this poison that has reached our nation. That has helped to raise the consciousness. Unfortunately, it took a tragic

episode of that nature to give more impetus to what had to be done. Raising the public's consciousness to this very severe problem is extremely important, and that is where you and I can try to bring it back to our communities to try to get the communities involved.

All of these wonderful programs that you are going to be hearing about today—and they are—we find that they are excellent because they are beginning to take hold, and we are beginning to apply the kind of Federal resources that are needed. But all of these programs will be meaningless unless we can get the communities involved, the families involved, the churches, the synagogues, get them involved in trying to present some new moral values to our young people, to try to get them to deter from drug abuse.

You will hear time and time again today from our law enforcement people who will tell you, yes, we are doing a great deal in attacking supply, but unless we try to do something about demand our initiatives in reducing supply are going to be meaningless, and that is where the local community effort is extremely important, to try to attack the demand side to get our young people to say no to drugs. I commend our President and Mrs. Reagan, for leading an effort in that direction.

Our own committee has reached out with the direction of Chairman Rangel to all of the media in our country, to the print media, to the radio media, to the television media and, yes, even to screen and stage and the advertising media, to try to do more about public education and to arouse the public's consciousness and to underscore the dangers of becoming involved with drugs, because we all recognize that there are no recreational drugs, that drugs are deadly, that drugs can kill. It has reached an extent of over a hundred billion dollars in illicit trafficking in our country, not to mention the loss of productivity, the cost of correctional services, the cost of our law enforcement community that is also in excess of $100 billion.

General Motors just in the past two years submitted a report that showed in one year, in that company alone, it cost over $600 million in loss of productivity and loss of manpower and health-related drug cost, in one company alone, so we can well imagine what it is throughout the nation, not to mention the over 100,000 emergency hospitalizations from overdoses that were reported last year throughout our nation, and most of those were young people, amounting to some 3500 in drug-related deaths—a serious major problem that even called upon the President to finally elicit and submit a declaration that narcotics was a national security threat, threatening our entire nation.

I want to commend you, and I hope that you will go back from this hearing with some worthwhile information that will help you in your communities. We need that help. Thank you, Mr. Chairman.

Mr. RANGEL. Thank you, Mr. Gilman.

To bring you back, we have heard from Mr. Dion, who is from the Department of State, watching over him, coming in through the door silently is Wayman Hess. That is how the State Department operates. Welcome, Wayman.

We have heard from the Treasury Department. Customs is a part of Treasury, and he is Assistant Secretary for the Southwest Border Patrol. We have heard from General Olmstead; that's the Department of Defense aspect of our report. We have just heard from the Attorney General's Office, Steve Trott. Under the Attorney General comes the Drug Enforcement Administration, which is the point agency for the drug enforcement, and we will hear from the Deputy Assistant Administrator, Tom Kelly.

Mr. KELLY. Thank you, Mr. Chairman. I did not come with a prepared text today. Mr. Trott spoke on our behalf. I am looking forward to engaging you and your committee in questions. Thank you very much.

Mr. RANGEL. Thank you.

Protecting our coastline, and they were called into duty when we had this crisis, and the United States Coast Guard has always had the respect of the American people and the Congress. But in meeting this new challenge, they didn't accept it as though it were a directive, they accepted it as though it was a challenge, and they really have had remarkable results with limited resources.

I can't think of any agency that we have gone out of our way to try to give more support to than the United States Coast Guard, and we have its Commandant here this morning, Admiral Paul A. Yost, Jr.

TESTIMONY OF ADMIRAL PAUL A. YOST, COMMANDANT, U.S. COAST GUARD

Admiral YOST. Thank you very much for those kind words.

I am pleased to have the opportunity to meet with you today and to provide an overview of the Coast Guard's drug law enforcement program. We are one of this nation's five armed forces and the nation's oldest seagoing service. The Coast Guard has been the primary maritime law enforcement agency. As the new Commandant, I have placed drug law enforcement as our highest priority mission. We work in close cooperation with the National Drug Enforcement Policy Board.

The Coast Guard's traditional drug interdiction strategy has been mainly directed toward intercepting vessels as they transit the major Caribbean passes. Starting in the fall of 1984, new tactics were employed. Operation Wagonwheel, conducted in November and December, 1984, was the key element of a larger national and international operation, Operation Hat Trick, coordinated by the National Narcotics Border Interdiction System (NNBIS).

Operation Hat Trick was the first of several multiagency, international operations to complement anti-drug operations being carried out by foreign in-country forces ashore and afloat. The operation involved two to three times the Coast Guard cutters used in previous efforts, and, among other DOD assets, included seven Navy ships under Coast Guard tactical control.

The latest Coast Guard effort provided a key element of Operation Hat Trick II and was very similar to Hat Trick I, but on a larger scale. Again, the Coast Guard, supported by the U.S. Navy, provided the primary maritime surface surveillance and interdiction forces. Air operations were also conducted by the Coast Guard

and other agencies including the Customs Service, Navy, Air Force, Army and Marines. Maritime forces included more than 40 Coast Guard and Navy ships and many aircraft.

In addition to the crews permanently assigned to the cutters and aircraft, personnel were temporarily reassigned from their regular duties to function as law enforcement teams aboard the Navy ships, to augment intelligence staffs, to provide in-country liaison, and to be on the squadron commander's staff.

The successes of these operations point out the advantage of occasional offensive tactics against trafficking organizations, and they also show the value of DOD assistance to these operations. A similar type of cooperative effort, the Southwest Border Initiative, is currently being undertaken to gain control of the Southwest Border.

The President has proclaimed that drug abuse is a matter of national security. Legislation that has passed Congress contains two important proposals for the Coast Guard's ability to detect, arrest, and prosecute drug smugglers. First, the legislation modifies the Mansfield Amendment, which has inhibited the Coast Guard's ability to conduct coordinated law enforcement efforts with coastal states and the Coast Guard's ability to enforce U.S. law in coastal territorial seas despite the consent of the coastal states. This is particularly important when the suspected "mothership" is located in the territorial seas of a country near the United States, such as the Bahamas.

Second, it amends the Biaggi-Gilman bill, 21 USC 955a. The amendment will eliminate defensive ploys during trial unrelated to the issue of whether the individuals were trafficking in controlled substances.

Mr. Chairman, before I offer to answer questions, I would like to discuss my personal concerns regarding cocaine trafficking and what I feel will be necessary to combat this worsening problem.

As you are aware, cocaine abuse, particularly crack, is becoming a major epidemic of disastrous proportions. Although we are finding instances of major loads of cocaine being smuggled by sea, we feel the bulk of the cocaine is still entering the U.S. by air on a daily basis.

The air interdiction problem has major "time and distance" factors to solve, requiring a major concerted, cooperative effort of all agencies to effectively resolve. The Coast Guard has a major responsibility for drug interdiction, but the cooperative efforts of all involved agencies, i.e., Customs, DEA and DOD are now being focused on the problem. We have a long way to go to stem the some 2-tons per week cocaine habit that the people of the United States now have.

This concludes my statement, Mr. Chairman. I will be happy to answer any questions you or the Members of the committee may have

[The statement of Admiral Yost appears on p. 91.]

Mr. RANGEL. Thank you, Admiral.

Dr. Charles Schuster is Director of the National Institute on Drug Abuse.

TESTIMONY OF DR. CHARLES R. SCHUSTER, DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

Dr. SCHUSTER. Thank you, Mr. Chairman.

On behalf of the Department of Health and Human Services I would like to express our appreciation for the invitation to appear here today before your Committee and your distinguished visitors. We have been asked to discuss very briefly the nature and extent of drug abuse throughout the United States. After all that has been said by my predecessors this morning, it comes as no surprise to any of you, that drug abuse is one of the gravest problems facing the United States today.

As has also been said by many of the previous witnesses, it is not enough to simply try to reduce the supply of illicit drugs in the United States. If we cannot reduce the number of customers who wish to buy those drugs, no drug abuse campaign will ever be fully successful.

One of the keys to success is to understand the nature and extent of the drug abuse problem that we face on a national basis. To assess this problem, the National Institute on Drug Abuse utilizes three epidemiological surveys. One is our National Household Survey, which is conducted every two or three years. We just finished one in 1985, the result of which will be published in the next two weeks.

Second, the National High School Survey, which quizzes kids in their senior high school year asks about their drug use and attitudes toward drugs.

And finally, to assess the consequences of drug use, we have two systems, one of which is called DAWN—the Drug Abuse Warning Networks. These two systems monitor 27 metropolitan area hospital emergency rooms, which report to us on the nature and the frequency of drug related emergency room episodes.

In addition, in many of these same areas we get reports from the medical examiners' offices to determine how many drug related deaths have occurred in that area in the current year.

I can briefly summarize this survey data by saying that from 1960 to 1979 the United States experienced an explosion of drug abuse. Around 1979, all indicators showed that the use of marijuana, PCP, and a variety of other drugs, reached a peak and then declined through 1984, with the exception of cocaine, with which I will deal separately in a moment.

However, our indicators in 1985 indicate that this decline has bottomed out. In many instances we have seen a slight increase in the national statistics regarding the use of PCP and other drugs of abuse.

The problem of cocaine and specifically crack, came upon us only in the recent past. We can say the following: 1. that the number of emergency room mentions of cocaine has increased threefold in the past three to five years; 2. that number of overdosage deaths associated with cocaine has also increased by a threefold margin; and 3. that the demand for treatment has increased threefold over the last three years.

We would attribute this dramatic increase to two things:

First, the development of smoked cocaine, which is more toxic and causes death more rapidly. Second, is the lag factor since it takes perhaps two to three years of intranasal use for cocaine to become a serious medical problem. Those using it heavily in 1979 and 1980 are now coming into the treatment centers requiring treatment.

I should like to mention that our efforts in regard to the problem of drug abuse, are primarily in the research area. We do research into the nature of addiction, so we can better understand how the brain is being affected and thus devise better treatment methods.

Second, we are interested in the environmental factors that increase the risks of individuals abusing drugs, so we are looking specifically at school children in the first grade whose behavior is of times predictive of drug use in adolescence. We are looking at possible interventions which will prevent drug-taking behavior in children identified as being at risk.

Further, we are doing a great deal of prevention research aimed at finding out the best ways to prevent the initial use of drugs. In that regard, I would like to simply mention a few of our efforts. I am sure you are all aware of the First Lady's initiative, "Just Say No," which we helped popularize throughout the United States. This is an interesting program because it is primarily one that is directed to the kids not to the parents. It is aimed at helping kids develop their own programs and learning to resist the peer pressure that often bring children into first contact with drugs. Another major initiative is a media campaign entitled "Cocaine. The Big Lie." Its aim is to encourage cocaine users and others close to them to get help with problems surrounding cocaine addiction. I would like to take this opportunity to thank Mr. Rangel, who recently appeared on a television program which highlighted this particular media campaign. I hope all of you have seen our "Cocaine. The Big Lie" Public Service Announcements since it is imperative that we dispel the myth of cocaine is a harmless recreational drug. In every way possible, we have to destroy that myth.

I am pleased to say that Reggie Jackson has just finished a public service announcement television spot against use of crack and we hope to have that on the air very quickly.

I would like to mention very briefly some of the specific studies and specific problems which we see associated with drug abuse among blacks.

The National Household Survey, which is conducted every two or three years, attempts to project national statistics on minorities, but always successfully due to a variety of resources. But in 1985, we specifically targeted getting a better handle on drug abuse prevalence among Blacks and Hispanics, and so we oversampled these two populations. When these data are finally analyzed in the next few weeks, we will be able to say whether or not there is a disproportionate amount of drug abuse in any specific minority group, and/or in any specific locale such as urban areas, versus rural areas among Blacks or Hispanics. I think this will have important implications in terms of policy decisions about state and local resources in these areas.

Finally, I would also mention the issue of AIDS. As you are probably all aware, about 25 percent of the AIDS victims in the United

States are IV drug abusers. There is a disproportionate number of these who are black. It therefore is of the utmost importance that we formulate procedures to handle those who already have contracted the AIDS virus and those who might eventually develop the full AIDS disease. But it is equally important that we get people into treatment early thus preventing their contracting and spreading the virus and the disease.

We are very active in this area and I am sure that Dr. Primm, with whom we have worked and who is part of our National Advisory Council, will want to address this issue further.

Finally, I would like to mention a couple of our prevention approaches which I think are of major interest to minority groups.

In 1985 we adopted some of our more successful media campaigns utilizing Hispanic and Black narrators and began putting them in places where urban dwellers might more readily be exposed to them, such as in subways and other forms of urban transit. We also have been working with several minority groups and community groups. Specifically, one of the best prevention programs available in the United States is based on the Oakland Parents in Action, model, a black group which developed its program primarily to deal with the Black community in North Oakland. Based upon their highly successful program, we are now attempting to replicate this model in three other minority group areas in other cities. A booklet on the Oakland Parents in Action program has been published and will be used in our replication efforts in other communities.

Additionally we have worked with the LINKS, a national Black women's service organization and helped it develop a national grassroots movement in initiating community drug abuse prevention programs. At least 12 cities and four regions of the country have been targeted for the development of such programs, and NIDA has provided the necessary technical assistance the LINKS organization recently honored two of our employees with special awards for these efforts.

Finally, I would like to mention that we have also been interating with two Black sororities whose efforts are also very important in the development of community projects designed to prevent drug abuse in their communities. I think all of these actions can only be successful if there is a concerted effort involved in reducing the demand as well as reducing the supply of drugs to our cities and to the American people.

The Federal Government stands ready, willing and able to provide all of the assistance that it can to private sector activities, local groups and community organizations, in a concerted effort to try and lick this problem.

Thank you.

[The statement of Dr. Schuster appears on p. 96.]

Mr. RANGEL. Our last Federal witness will be the Special Assistant to the Secretary, Department of Education, Mr. John Walters.

TESTIMONY OF JOHN WALTERS, SPECIAL ASSISTANT TO THE SECRETARY, DEPARTMENT OF EDUCATION

Mr. WALTERS. Thank you, Mr. Chairman.

I am pleased to have this opportunity to address the Congressional Black Caucus on the problem of drug use among America's school children and to report on what Secretary William Bennett and the Department of Education have been doing in this area.

As you know the Administration has a record of leadership in combating illegal drug use throughout our society. The President recently restated his determination to see that we become a drug-free nation and announced new legislative proposals toward this end. In addition, the First Lady has worked tirelessly speaking out against drug use, particularly by children. "Her Just Say No" campaign is the Nation's foremost effort to encourage children to resist illegal drugs.

Secretary Bennett's concern with student drug use began long before his arrival at the Department of Education. In his first inerview, when asked if he had a magic wand and could change any one thing in our schools what it would be, he said it would be to get drugs out of every school. For more than a year Secretary Bennett has been discussing this problem with parents and educators on visits to schools throughout the nation. He has also been meeting with narcotics officers around the country to discuss the problem of school age drug use.

How serious is our school age drug problem? The best and most recent survey tells us that in 1985 61 percent of all high school seniors—roughly two million young men and women—had tried illicit drugs. Forty-one percent had used drugs other than marijuana.

Most initial experiences with drugs now occur before high school. Almost one-third of the seventh graders in the State of New York, for example, reported that they had used illegal drugs before entering the seventh grade. In a 1983 poll, 25 percent of fourth graders reported pressure among their peers to try alcohol and marijuana. Among seventh graders, 50 percent report pressure to try marijuana.

Now, some of these numbers, particularly those pertaining to regular marijuana use, are actually lower than they were in the late seventies. But the levels of use remain unacceptably high, and the use of some especially dangerous drugs has gone up. Thirteen percent of high school seniors—the highest percentage ever—say they have used cocaine at least once in the last year.

Recently, a new, more powerful form of cocaine has become popular with some of the nation's young people in both the cities and suburbs. It is called crack. Crack is relatively inexpensive and is easier to use than other forms of cocaine. Its effect is quicker and more potent, and it may be the most addictive substance known.

The use of PCP, or phencyclicine, is also on the rise in some areas. It is particularly popular among inner city teens, especially in Washington. PCP is considered one of the most dangerous drugs available. It attacks the neo-cortex—the portion of the brain that controls irrational impulses. This drug is a recipe for disaster for the user and for all those who happen to be around him.

The facts on drugs are alarming. They are alarming to us, and they are alarming to our children as well. in 1985, when 13 to 18 years olds were asked by the Gallup Poll to identify the biggest problems confronting young people today, drugs topped their list. No other problem came close. In addition, four out of five high

school students report that state laws regarding drug dealing are too lenient. And four out of five report that state laws regarding drug use—including marijuana use—are too lenient. Our children are seeking more forceful help from us.

Drug use concerns our children. It concerns us all. And it is a special concern for our schools. Why? Let me offer three reasons.

First, students are taking drugs in our school buildings. Among 1985 high school seniors who said they had used cocaine in the last year, 22 percent reported using it in school. Forty-six percent of heavy drug users report using marijuana in school within the last year.

Second, drug use is a school problem because it undermines students' academic performance. Research tells us that students who use marijuana regularly are twice as likely as other students to average Ds and Fs. A national study of high school students reveals that dropouts are twice as likely to be frequent drug users. I think the case here is clear: When students are using drugs, chances are they are not going to be learning.

Third, drugs can disrupt an entire school. When large numbers of students in a class are on drugs, or absent, the academic progress, not just of the users, but of all those around them who have the good sense and courage to resist drugs, is impeded. And concentrated drug use brings to the school all those illegal activities whereby users support their habit.

So the question is, what do we do about school age use?

As Secretary Bennett stated: "The most fundamental responsibility of the adults in any society is the nurture and protection of its children." Today, the spread of drugs in America poses a grave challenge made especially alarming by the fact that drugs have too often found a home in that one institution which, next to the family, is society's principal agent in the upbringing of children—the school.

In order to meet this threat the Department of Education has published "Schools Without Drugs." This handbook is a follow-up to the popular education guide "What Works," which we released earlier this year. Like "What Works," it is a clearly written, practical handbook meant, not for bureaucrats, but for those on the front lines of education—the parents, teachers, principals, students, legislators, and community groups.

"What Works" is a how-to guide to teaching and learning, and "Schools Without Drugs" is a how-to guide to overcoming student drug use. It is based on the research of drug prevention experts, and on the experience of schools, parent groups, and law enforcement officials working at drug prevention across the country.

"Schools Without Drugs" tells how extensive drug use is, and how dangerous. It tells how drug use among students starts, how it progresses, and how it can be identified. Most importantly, it tells how it can be stopped. It recommends strategies, and describes communities that have succeeded in beating drugs. It concludes with a list of resources and organizations that parents, students, and educators can turn to for help. We have mailed a copy of "Schools Without Drugs" to every school in the country: elementary, junior high and high school. And we have made it available to very American, free of charge.

The response, I am pleased to say, has been tremendous. Since we released it three weeks ago, almost 600,000 copies of "School Without Drugs" have been mailed or requested. The phone company tells us that on the first day alone, we had over 100,000 calls to our toll free number. We had 20 phone lines and could only answer some of those calls, so we added more lines. Throughout the past week we have been answering up to one thousand calls per hour—the most we can take. Including our distribution to every school in the country, almost half of a million copies of "School Without Drugs" are on their way to the American people.

We have also had a good response from the press. Ernest Furgurson of the Baltimore Sun, for example, has written that "School Without Drugs" may be "the single most effective weapon" in the fight against drugs. He wrote: "This is the first time in 18 years of column writing that I have plugged a government handout this way. I may never do it again. This manual is an extraordinary public service."

We have had a good response from Educators. Sam Sava, Executive Director of the National Association of Elementary School Principals, has said it will be an "enormously helpful" document to principals. And Scott Thomson, Executive Director of the National Association for Secondary School Principals, has told us that this book is "exactly what is needed."

But most important of all, the American people seem to be welcoming this book. A school bus driver called for copies because she wants to give it to every child on her bus. A disc jockey requested a copy because he wants to read sections over the air between music. A ten year old called and asked for ten copies because, he said, he doesn't want drugs in his school.

Grandmothers, counselors, nurses, ministers, mayors, all kinds of people are asking for copies. And the Administrators at the places "School Without Drugs" talks about, places like Northside High School in Atlanta, and the Anne Arundel County District in Maryland, tell us that they are getting dozens of calls from other school officials who want to replicate their successes.

Last month, the Administration also announced a legislative package that included the Drug-Free Schools Act of 1986, also known as the Zero Tolerance Act. It was a $100 million grant program to help communities institute programs like those recommended in "School Without Drugs". Seventy million dollars would go to states for discretionary grants to local districts; up to $10 million would be available for drug prevention activities at the state level, such as technical assistance to school districts and data collection; and $20 million would be used for federal discretionary grants for research, developing model programs, and for workshops involving schools, law enforcement officials, courts, and treatment agencies.

At the Department of Education we are working with a number of federal agencies on the drug abuse problem. The department is represented on the Cabinet's Domestic Policy Council Working Group on Drug Abuse Policy, which is coordinating federal efforts against drug abuse. The Secretary of Education also recently became a regular member of the National Drug Enforcement Policy Board.

In addition, we participate with the Justice Department in the Coordinating Council on Juvenile Justice and Delinquency Prevention. And the Department of Education has joined with the National Institute on Drug Abuse to sponsor a series of regional conferences for state alcohol and drug abuse prevention personnel and parent groups.

The Department of Education also administers an alcohol and drug abuse education program through its Office of Elementary and Secondary Education. Since 1976, this program has funded prevention efforts that foster a school team approach. Typically, a team consisting of school administrators, teachers, parents, students, and community members submits a proposal for prevention efforts and receives training at one of the five regional training centers funded under the department's program. The program has trained more than 5,000 teams and about 19,000 individuals. In 1985, this program was supported by $4 million from non-federal sources in addition to the monies provided by the Department of Education.

Despite all that, the Department of Education and other federal agencies are doing, our national battle against drugs in school cannot be won by the Federal Government. It will have to be fought locally, by individual communities, by schools working with parents and other partners in the community. Success in this battle will require firm community drug policies, and equally firm enforcement. We are convinced that the American people understand the clear and present danger drugs pose to our children, and that the fight can be won.

The Department of Education can provide important aid to these local efforts. I believe that the department's new two pronged attack—"School Without Drugs" and expanded funding for prevention efforts in the schools—will give a powerful boost to communities seeking to wipe the scourge of drugs from their schools.

In closing, let me emphasize this one final point: Schools need allies. No school is going to solve its drug problem alone. Schools should, of course, be able to rely on support and the involvement of parents. It is parents always, who must be chiefly concerned with the welfare of their children.

In addition to parents, there are numerous others to whom schools should be able and willing to turn. There are religious groups—the fight against drugs is, after all, a fight for our childrens' souls.

There are community groups like Kiwanis and Jaycees. There are businesses which can lend resources, job incentives, and their own management expertise. And there are the local police and other law enforcement officials. Creating schools without drugs is a community endeavor, and it is a community responsibility. It is the responsibility of the community of adults.

Thank you.

[The statement of Mr. Walters appears on p. 109.]

Mr. RANGEL. Thank you.

That is it from our Federal witnesses.

May I invite Raymond East to come up here and sit with us. Raymond is from the State Department and international narcotics matters. Before we hear from our non-federal witnesses, I would

like to get two brief questions through from the Department of Education. Could you tell me what the present educational budget is and how it is set aside or earmarked to deal with drug education?

Mr. WALTERS. The existing budget includes approximately $3 million for what is called the alcohol and drug abuse education, program, using the school-team approach, and under the Chapter 21 block grants, as I mentioned in my oral testimony. Drug abuse prevention is one of the authorized activities, under the block grants. Individual school districts can apply those funds as they see fit. The total block grant amount is approximately $500 million.

Mr. RANGEL. What is the total education budget?

Mr. WALTERS. Well, $3 million is earmarked, $500 million is contained in the block grants allowance, for a number of activities.

Mr. RANGEL. What I am trying to ask outside of drug related, what is the entire budget you are———

Mr. WALTERS. Approximately $18 billion.

Mr. RANGEL. And so out of the $18 billion budget, what is earmarked directly for drug prevention education is $3 million, is that right?

Mr. WALTERS. That is the earmarked figure, yes.

Mr. RANGEL. From the State Department, I would like to find out, with all of the agreements that we have with countries that are producing drugs—you mentioned in your testimony that there were a lot of eradication programs going on. Could you name the countries that have effective eradication programs?

Mr. DION. Sir, I think I would head the list with Colombia, which has a highly effective marijuana eradication campaign underway which destroys about 85 percent of the marijuana production in the north coast areas that were the largest supplier of marijuana.

Mr. RANGEL. How is their eradication program going on with cocaine?

Mr. DION. They are testing the use of herbicides against the coca bush both in the form of aerial spraying and backpack application, and they have narrowed the chemical herbicide down to two. They are carrying out these experiments on a thousand hector area of coca. I think I have a statement it is not yet conclusive but there is strong indication within this coming year there will be a herbicide.

Mr. RANGEL. Could you share with us how long the testing of a herbicide for the eradication of coca leaves have been taking place in Colombia?

Mr. DION. Since 1985, sir, approximately two years.

Mr. RANGEL. Thank you.

My last question is to the Justice Department or the DEA. Could you tell us approximately how many drug enforcement agencies we have assigned to the United States and around the country and how many agents did we have during 1975-76?

Mr. KELLY. We currently have in DEA alone about 2500 agents. During the period of '75-76 era, we had approximately that number again. But between those two periods of time, we were decreased by about three to four hundred agents. Now it is starting to build up to where we were in the middle seventies.

Mr. TROTT. If I can add briefly to that, the number of special agents in 1982 was 1,872. It is up to close to 2500 in 1986. The force has been rebuilt during this Administration.

Mr. RANGEL. Thank you.

Now, we would remind you we will be hearing in this order Sterling Johnson, from the Special Narcotics Bureau; Dr. Nolan Jones, Staff Director, Committee on Criminal Justice, National Governors Association; Dr. Elsie Scott, Executive Director, National Organization of Black Law Enforcement Executives; Benny J. Primm, M.D., Executive Director, Addiction Research and Treatment Corporation; and Karst Besteman, Executive Director, Alcohol and Drug Problems Association.

First, let us hear from the outstanding narcotics prosecutor, that probably has more cases than any local or state jurisdiction, because the problem exists more in the City and State of New York, Sterling Johnson, a good friend of the committee.

TESTIMONY OF STERLING JOHNSON, SPECIAL NARCOTICS PROSECUTOR, CITY OF NEW YORK

Mr. JOHNSON. Thank you very much for inviting me to participate in this origin[illegible] Black Caucus seminar.

Since 1972, I ha[illegible] had occasion to be critical of every Administration concerning their actions on drug abuse, both Democrats and Republicans, but I see and I feel today an electricity that has been building up over the past few months and I think that a lot of this energy is coming from the community itself. Recently, the President of the United States spoke out, the First Lady has been speaking out for five years, and that is a step in the right direction.

Congress passed H.R. 526, and that too was encouraging because they were recognizing that a problem existed and it was time for us to do something about it.

The President followed with his proposal for a bill. I disagreed with the provisions of it, but at least it was something.

Finally, the Senate followed up with its version of what I would like to see passed into law and it differed from the House of Representatives and the President's bill, but hopefully something will come out of this particular movement that we see so far.

What is happening on the local level in the trenches as far as law enforcement is concerned? One of the things that is law enforcement at least in New York, has been cooperating very, very closely with the other disciplines in this area. A treatment prevention, education, I support them, endorse them 100 percent. I would work very closely with Dr. Benny Primm. They support me and I thank them for that support.

There is a tremendous amount of of cooperation and support with the federal law enforcement agencies. I work very, very closely with the Drug Enforcement Administration, particularly the task force. It surprised me how close I have been working with the FBI. They are the new boys on the block. They are doing their job. We are making tremendous amounts of cases.

We still have a problem with the Immigration Service. We will arrest people, they will tell us that they are aliens or not, United

States citizens. We still cannot get action from the Immigration Service to deport some of these people.

The people who have been arrested will be tried and convicted. There will be no Immigration presence. They will be tried, acquitted, or have their cases dismissed, no Immigration Service present. And that is a particular problem, at least in New York.

The other problem we have in New York, notwithstanding all of the words that we have heard, and we will hear, the Drug Enforcement Administration is out of money and has been out of money since last June or maybe last May. This is attributed to the Gramm-Rudman-Hollings but it has an impact on making cases. When the Drug Enforcement Administration or the FBI has no money to go out and make a case. I said that that really is a tragedy.

What we have been doing, I have some monies to make buys and what I will do and have done as far as FBI and Drug Enforcement Administration, I will use my money, state monies, to finance federal investigations, the cases will be made, I will prosecute them, and the federal prosecutors will prosecute some of them. But we do need resources. We have to do something as far as giving monies to the federal enforcement people to make cases. But right now, there is no money for the federal authorities to make cases.

It is ironic, too, because if you look at the Senate version of the bill that has been proposed, there are no monies available for local enforcement. Here you have a local law enforcement giving monies to federal prosecutors, not prosecutors but law enforcement officials, but there are no monies available in the bill to give to the local prosecutors and local law enforcement to continue their effort.

I must say in all candor, that one of the programs that has been working very, very well up in New York and other parts of the country is the federal forfeiture program. It has just gotten started, and if local law enforcement participants with federal law enforcement and assets are seized then local law enforcement can be the recipient of those assets that have been seized.

On one occasion a million dollars was seized from drug dealers. Yours truly received a check for about $243,000, and I put those monies back into circulation buying additional drugs, but the drug industry in this country is a multibillion dollar a year industry, and you cannot address the problem adequately as far as law enforcement is concerned with just a dollar here and a dollar there.

We do need more. We intend to implement and sue the federal forefeiture statute as much as we possibly can, but we need monies above and beyond what is being appropriated.

The community concerns about drug abuse are real. They are more than statistics, they are more than words. I talk to people everyday about what is happening and there is not a person that I don't talk to, not a community groups that I don't speak to that knows someone, or he himself, has been affected directly or indirectly by the drug abuse problem. The drug abuse problem in New York that is my immediate concern, that is impacting upon everyone and more importantly upon those people you normally would not consider to be drug abusers, and I am talking about your pro-

fessionals, your middle class professional, both black and white lawyers, doctors, pilots and people are really concerned about this.

The problem is going to get worse. You speak to people and you hear horror stories of a young man who has a business, who has a house, who has a wife and over a period of 14 months he lost over a million dollars. He has lost his house, lost his wife, he lost everything, including his dignity.

You speak of a young woman who pawned her child to get an opportunity to suck on the pipe and get high. So the problem is getting worse.

Law enforcement has gotten better and were making tremendous amount of cases. I was speaking just before the session was opened, to Tom Kelly. Last night, the Drug Enforcement Task Force and my office just made an arrest. We knocked off 25 kilos of cocaine. That is a tremendous case, but it is just a drop in the budget. There is much more we are going to have to do.

I am glad that there is some movement, there is some electricity, some exciting times coming about and I would only hope that the bill that was passed by the Congress, with the leadership of Congressman Gilman and Al Waldon and Guarani and Charlie Rangel, that that would be the bill that the President will have on his desk that he could sign, and I think that we can leave a legacy to our children and our grandchildren that there was a crisis in the middle-eighties that threatened to destroy the nation, and we indeed did so something about it.

Thank you.

Mr. GILMAN. Thank you, Sterling Johnson.

Sterling, as you know, has been our Special Narcotics Prosecutor in New York City. He has been on battle fronts for many years and has been a dedicated law enforcement officer who has kept our committee well apprised of all of the pertinent problems and affecting prosecutions throughout our nations.

We thank you, Sterling, for your comments.

Mr. RANGEL. Our next witness is Nolan Jones, Staff Director for the Committee on Criminal Justice of the National Governors Association. We are pleased to have you with us today, Mr. Jones.

TESTIMONY OF NOLAN JONES, PH.D., STAFF DIRECTOR, COMMITTEE ON CRIMINAL JUSTICE, NATIONAL GOVERNORS ASSOCIATION

Mr. JONES. Thank you, Mr. Chairman. I will be very brief and not repeat some of what you have just heard.

Our group, the National Governors Association has been involved with this particular issue since about 1981-82 when we raised the issue with the Justice Department. We appreciate that there is a bill, and we have been working with the Chairman of this committee and the Justice Department, and in the criminal justice agencies through, out the nation on this particular issue.

Our particular concern always centers on several issues—good treatment programs, good prevention programs, good education programs. We have talked about the issue of the use of the military in preventing drugs from coming into the nation.

You have probably heard numerous governors talk about this issue. Chairman Rangel spoke to the governors, for example, in February on this particular issue. In 1983 for example, we put on a round table where we invited our military people from the states, the Adjutant Generals. We invited the Chief State Narcotics Officers, and members of the Department of Defense together in a round table to talk about how the military could be used to keep drugs out of the nation in terms of the interdiction effort, and also the effort of eradication.

So we focused on education, we focused on interdiction, we focused on the area of street level enforcement. We have asked the state level official and, individual state legislators, to work with local governments to put more funds into initiatives for dealing with the street level enforcement. We talk about standardized legislation and working with state legislatures to present strong legislation to help local law enforcement.

To this end, we worked together with a group of our state directors from the National Criminal Justice Association, in doing a major study on how states are able and capable of dealing with drug laws enforcement. We put together a publication on this, which is now available from the National Criminal Justice Association. It sort of talks about how states are organized to deal with the drug problem. What we are trying to do is help strengthen states laws so that they can help local law enforcement agencies in dealing with this problem.

We also are working with the treatment and prevention areas. Governors want to put more funds into those kinds of programs. I think the overall programs of treatment, prevention, eradication and enforcement are areas where the nation's governors are willing to and want to continue work.

We appreciate the fact that the President has raised this illegal drug issue to a national level. The governors have been talking about this issue for four year and want this, attention. They want to continue working with this committee in dealing with this illegal drug problem.

Thank you, sir.

Mr. GILMAN. Thank you, Mr. Jones. We appreciate your comments.

Mr. RANGEL. Our next witness is Dr. Elsie Scott, Executive Director of the National Organization of Black Law Enforcement Officers—NOBLE.

TESTIMONY OF ELSIE L. SCOTT, PH.D., EXECUTIVE DIRECTOR, NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES, NOBLE

Ms. SCOTT. Thank you, Mr. Chairman.

Good morning, everybody.

For those who don't know, the National Organization of Black Law Enforcement Executives is an organization ten years old, made up of command level law enforcement officials from the rank of lieutenant and above. Our membership is primarily drawn from local law enforcement officers. In recent years we have added to our ranks a number of federal law enforcement and campus law

enforcement officials and a few armed forces personnel, but most of our membership is local law enforcement.

My comments will mainly focus on our concerns as related to local law enforcement. Being a predominately black organization, we have concerns both in terms of the law enforcement community and the black community, and other minority persons, in terms of this whole area of drug abuse, treatment, and drug prevention. We would like to commend Congressman Rangel for taking the forefront on this issue. He has been in the forefront many years before this became a big issue, and big media hype, and we really appreciate his efforts.

This past summer, we had celebrated our tenth anniversary and fortunately at the time, we had enough black chiefs of police. To hold a special forum for black chiefs of police. We have now identified over 125 black chiefs of police in this country. And in trying to set the agenda to determine what were the major issues facing our chiefs of police, one of the big issues we started talking about was drug testing. Some of them had some problems, because they had forced some officers from the force because they had been found to use drugs. In fact, one of our officials in Plainfield, New Jersey recently, had a case thrown out where he suspended some police officers for drug use, using a random test.

That became one of the big concerns, so at first, we put drug testingon the agenda. and then we found that the issue was to be dealt with in a much broader sense. So we invited Congressman Rangel to come in and talk with the chiefs of police, and we engaged in some very good dialogue. We also invited in Assistant Attorney General, Larry Wallace, to come in and talk about it, from the Justice Department perspective.

One of the things that came out of that dialogue, and some of the concerns we have, is the problem that may relate to jurisdictional problems relating to federal law enforcement and local law enforcement. We had in that session invited in all of the special agents who are black from various federal sectors. I think we had six federal agencies involved—Drug Enforcement Administration, FBI, Customs, Alcohol, Tobacco and Firearms—and in that session, once we started dialogue, we found there is a lot of misunderstanding between the various law enforcement agencies. There were some problems.

One of the things that has been mentioned this morning is, the new forfeiture and asset seizure law. That is one of the things that came out of this discussion, and one of the concerns we want to raise here today is that some of our chiefs of police feel like they are not getting their share of the seizures, and the law is not working. In fact, the Chief of Police of Baltimore, I think, mentioned in that session that he only received one seizure, a Maserati, and he is driving that, but he has not received enough of the money that Sterling Johnson has talked about here today.

There was a concern that everyone was passing the buck in terms of who was actually responsible. The Marshal Service was initially mentioned. The U.S. Marshal for the District of Columbia was there and he said it is not the Marshal Service's responsibility. At that time, John Glover from the FBI has not made it, and most of our SACs from Drug Enforcement Administration had not made

it. So I think they started passing the buck and said it is Drug Enforcement Administration and FBI's responsibilities. But local law enforcement wants to get its share of those narcotics seizures and asset seizure cases. We feel if we are going to come in and bust these cases, then we must get our share of the pot.

Another big problem—this is a real biggy—that this has been mentioned by several people—the impact of Gramm-Rudman-Hollings, and other cutbacks in funding. We can talk about mounting good drug prevention programs, we can't do it without money, and our concern is that local law enforcement is getting left out of the appropriations.

This is a big concern of our organization. Many chiefs of police, especially big city chiefs of police, are from cities that are pretty much bankrupt. Most of the chiefs are in cities where you have black mayors. Usually we don't get black mayors until the city is pretty much bankrupt. So there are very few resources and we are being told to step up our law enforcement efforts with no money. We are to do more with less, and we are saying that we have been doing more with less, and now there is nothing left. So local law enforcement needs money in order to beef up its drug prevention, anti-drug trafficking programs and other efforts.

We are also concerned about whether many of the programs that are being designed, are reaching the minority communities. We feel like the "Just Say No" program is good. We are concerned about how many black youths in the ghetto areas are going to look at those films and say no, I am not going to use drugs. We need some other programs in those particular communities.

So I would address this to the person from the Department of Education, as well as NIDA, to try to find out whether more is being done in order to reach minority youth. I know there is mention about the program in Oakland, California, but I am wondering about how as it determined that program has been successful in Oakland, because one of my members from Oakland Police Department was in town a couple of days ago, and he was really concerned about the drug problem. He said the drug dealers have taken over the City of Oakland, So I am concerned about this program that is being waved out here to say this is a very successful program. What statistics, what basis are you using to determine that programs are successful?

Also, in terms of the Department of Education case, it seems like most of our efforts are being placed on illicit drugs, which I guess it should be, but also there needs to be some education programs around alcohol use and other legal drug use, because I think there is some relationship there. As long as we have parents telling children not to use illegal drugs while they are holding a glass of wine, or beer in their hand, I think our education programs will not be that successful. So I think we need to also put some strong efforts into fighting legal drug use.

One other concern that we have in law enforcement is about how funds are being expended. What are the appropriations for the prison system, because it does no good to arrest people when there is no place to put them. Those who live in the District of Columbia know we have a real crisis here, that we don't have places to put all the people that are being arrested. We are getting federal

orders not to put any more people in jails. What are we going to do about it, are we going to slow up law enforcement because we don't have any places to put them? That is another concern.

In closing, we are also concerned about treatment programs, because this is a real concern in black and minority communities. There are a number of people out there, who are already addicted. We can have kids out there saying no. There are, many more parents out there who are already addicted, and it seems that funds are being cut back for treatment programs and so we must deal with treatment.

Many people don't want to deal with treatment, but it is a serious problem. Unless we can get some help for the people who are already addicted, then we are going to continue to have a problem.

I want to thank you, Mr. Chairman, for inviting us over to participate and I will be available to answer some further questions if time is available.

Mr. RANGEL. Let me thank you for your presentation today and your past cooperation.

I guess one of the foremost professionals in this area of treatment is Dr. Beny Primm, and I am glad that he is always available when we call upon him.

Dr. Primm.

TESTIMONY OF BENY PRIMM, M.D., EXECUTIVE DIRECTOR, ADDICTION RESEARCH AND TREATMENT CORP., BROOKLYN, NY

Dr. PRIMM. Thank you, Mr. Chairman.

First, I would like to commend the Select Committee on assembling such a distinguished panel and indeed, thank you for inviting me here to be a participant.

I am going to surface a couple of issues that have not been mentioned today, and one is the problem of AIDS in this country and its relationship to intravenous drug abuse. Within the United States figures, out of 25,000 approximately AIDS cases that have been thus far diagnosed, 17 percent of those cases are from intravenous drug users.

What is so disturbing about that 17 percent, particularly for minorities and black minorities, and that is, almost 55 percent of that number are indeed blacks. When we have children born with the problem of AIDS, 61 percent of all the children born in this country are born to black people who have a problem with AIDS.

In New York City, it is just an astounding number of youngsters. We are 61 percent and we are expecting about 72 percent as of this month will be youngsters which is out of a number of about 141, that are born with—kids born to mothers who are intravenous drug users and born with the problem of AIDS.

My concern about that is that the black community and all other communities I feel are terribly complacent about this and are not doing, they do not know about it. When they do know about it, they still feel it is a homosexual disease, one of bisexual or homosexual white males, and there are very few blacks if any that are affected by this disease.

I am here to tell you that 35 percent of all the blacks who have this disease indeed are homosexual or bisexual males from all

classes of society, from the higher to the lowest class. I am here to tell you that people who are intravenous drug users, that comes from all classes of society.

I was very, very impressed with Sterling Johnson's presentation when he talked about young professionals and drug use. I am now treating seven or eight young professionals in New York City—teachers, lawyers, doctors, who are involved with the use of cocaine. Police officers—I want to tell you that—police officers who are involved with the use of cocaine.

My concern is that people, like you sitting here, are not aware of these things, and are doing very little about it, and are taking it lightly when you see a report of professionals using drugs. You are taking it lightly when you see it written down somewhere that a number of minorities are involved with AIDS. I think that that is the most dangerous thing that could happen to our communities.

Let me tell you one statistic that should alarm you, and particularly those from New York. The biggest killer in New York City now of black people between the ages of 20 and 40, is AIDS. I want you to hear that. The cream of the crop of our people are dying from that disease and in community and very little is being done about prevention and education about this disease.

I want to further talk about one thing I think is very important. That is the National High School Survey that is done each year, and Dr. Schuster mentioned that, and to commend NIDA for now sampling blacks in their surveys, because in the past this has not been done, and I think the statistics and data that come out of samplings have not been correct, and that policy made based on those data has also been erroneous policies and has sorely affected the minority community.

In that particular high school survey now, I hear that those youngsters who have dropped out of school have been followed, and that there is a greater incidence of substance abuse among those youngsters than would be had they surveyed the cream of the crop of those youngsters who stay in school right up to graduation.

The survey out of Michigan is a high school survey. Forty to fifty percent of our youngsters drop out of high school in the tenth grade. So they are never surveyed, and now NIDA is looking at that group, and I think that is the real important innovation on that particular survey.

I also want to commend NIDA—this is something that you should know—that now they have set up a very unique program to look for young black researchers in the field of substance abuse, something that has not happened previously. They are bringing them in and training them and giving them technical assistance and reaching out to black colleges to develop researchers that are culturally significant, so that our research is not secure in ways and, maybe unintentionally and maybe intentionally, in ways that we don't like.

I think that with the new leadership there, what we are going to see is greater participation of minorities in decision making processes, to have a Deputy Director of the National Institutes of Drug Abuse now that is a black female, tremendous job moving around this country and talking to black communities, involving sororities,

involving national medical associations, at levels where it never was before.

The one thing that you can take away from here today, and back to your communities, is that you must insist that prevention and education programs be started immediately, both in drug abuse, and certainly around the issue of AIDS—it is a most important issue. I feel very strongly if I can make one statement that I would like to underscore, that is the one and I emphasize that.

I want to thank you, Mr. Chairman, for allowing me to participate in this forum.

Mr. RANGEL. Well. let me agree with you, Doctor Primm. This has been an outstanding panel. I want to thank Mr. Cusack, our Chief of Staff for the Narcotics Committee, who has put this together and so many others that work together to make this a success.

I am moving a little too fast here.

Karst Besteman, Executive Director, Alcohol and Drug Problems Association.

TESTIMONY OF KARST BESTEMAN, EXECUTIVE DIRECTOR, ALCOHOL AND DRUG PROBLEMS ASSOCIATION

Mr. BESTEMAN. Mr. Chairman.

Dr. PRIMM. Mr. Chairman, I want to tell you something else. We talk about the program in Oakland and we talk about the program "Just Say No" as a White House program for the lady who started "Just Say No," is a black female, Ms. Jane Brant, and I want to throw that out to this audience. She has done a tremendous job and Mrs. Reagan, without her visiting here, that is when the term was kind—the phrase was kind—and I came back and it is popularized. Sometimes, you know, history gets distorted in this country, and so I want history right, and so—history means his story or her story—so I hope to correct that history.

Thank you, Mr. Chairman.

Mr. RANGEL. Thank you, and let me thank Mr. Besteman, Executive Director of Alcohol and Drug Problems Association, for his patience.

Mr. BESTEMAN. Thank you very much, Mr. Chairman, and thank you for the opportunity to be here.

I don't have quite the optimism that most of the panelists have expressed. I would like to start off with some data that comes to us via the National Institute on Drug Abuse. When you look at hospital emergency room figures in 1985, by gender, it is 70 percent male. By race, it is 62 percent black. By age it is 53 percent between the ages of 25 and 34. We have a problem of drug abuse in our adult population.

"The problem" is the problem of drug abuse by adults and it is time we started addressing that, and "Just Say No" does not address that, because they have said yes for almost 20 years already, and they are going to hospital emergency rooms and next to the medical examiner.

Eighty-five percent of the medical examiner's cases are male, and the 39 percent of those are black, and when you combine this, the presence of heroin and cocaine—I was using heroin data as a

baseline—the number jumps to 48 percent black. In other words, the black males are going to hospitals and dying over the use of drugs. I think that we have to address that adult problem. That is not the kids. Less than one-tenth of one percent are under 15 years of age and that is simply not clear enough in our discussion.

Interestingly, when you come to who gets the treatment—now we are talking about publicly funded treatment—you get approximately 65 percent are male, but only 24 percent are black. Why the discrepancy between medical examiner deaths and who gets treatment? In other words, what I am saying is my problem, black males are not receiving treatment in this country, and that is something that has to be addressed, too, and not just by the Federal Government, but communities that have something to say about where their resources are going.

The Chairman, Congressman Rangel, asked about personnel being devoted to law enforcement. Well, I will tell you about the National Institute on Drug Abuse of which I was Deputy Director for several years. It was organized with a table of organization of 500 full time personnel. It was never given more than 410 bodies. That was in 1973. By '74 it had eroded to 378 full time people. I would ask for the record, that the full time personnel of National Institute on Drug Abuse be entered in at this point. What it is in '86. Because my fear is it is closer to 200 than anything else.

Dr. Schuster, can you supply it, or do we need it later?

Mr. SCHUSTER. I will supply it.

Mr. BESTEMAN. My point is we are going into a major push to do something in the infrastructure to carry the research and training. The prevention effort of this government has been eroded to more than half since the early seventies, and something ought to be done about that.

Something ought to be done about prevention generally. We have had five years of rhetoric about prevention and no initiative of any kind until this very, very last few weeks, and then it was by dollar value, a very inadequate amount from the administration, and, except as sort of an acceptance, didn't reach high visibility in either the Senate or House. Yet prevention is one of the keys to our future if we are going to do something about it. The inadequacy of the data we are dealing with professionally today is a crime, and I use that word because it is immoral.

We have allowed our data about what is happening in law enforcement to go in the ash can. Price/purity is no longer given to the public in a systematic way by the Drug Enforcement Administration. If you will look at price/purity, the purity of heroin is up, the price is down, the purity of cocaine is up, the price is down, PCP is so cheap in my neighborhood right here in the District—and I live just a few blocks from this building—that a six-year-old going to the store to buy doughnuts could get PCP if he wants to, and I find that unacceptable. I don't choose to live in that situation and I want something done about it.

The inadequacy of our surveys—Dr. Primm pointed out one of the things we are after. We have been surveying high school seniors. Anybody who has been in the field for two years knows that it is the dropouts that use drugs, try more and get in more criminal problems than the kids in school. I have been in this field since

1957. I have gone through the drug emergencies and the drug war of the Nixon Administration, and I am going through it now in the private sector. But the fact of the matter is that kind of data has been around for more than a decade. We didn't respond to it. We must do better.

I could do nothing but give a large endorsement to the concern with AIDS and IV drug use. And, Dr. Primm if you know how the Center, CDC down in Atlanta classifies AIDS, if they classify you as a homosexual they won't include you in the IV drug level, so that the 17 percent is an underestimate of the number of IV drug users who are known as AIDS victims. It is probably closer to 25 percent.

Basically, when we act on the basis of bad data, we make bad public policy, and I think that has been one of our problems. Cocaine use is mainly adult behavior, let's do something about it.

That is a quick review. That is not a happy sight and doesn't bode well for the black community. The Hispanic community is not in very much better shape, and I don't like the data for the white community because it is unacceptably high but not so wildly disproportionate.

I am pleased as punch we have had a House, Senate and administration work together very quickly. Personally and professionally, I don't understand why the country went to sleep at the wheel after about 1976. I credit the Select Committee on Narcotics as being one of the few bright lights in the entire governmental system that has kept the subject alive with hearing after hearing and issue after issue when the rest of government essentially said, well, drug abuse—and this is my classic definition—the use of a substance I don't use, by people I don't like. And think about that when you think about public policy.

Thank you.

Mr. RANGEL. I have been so impressed with the testimony. I have just checked with our chief counsel to make certain that the testimony that we have had today is going to be shared with the panel so that we don't allow the exchange and the differences of opinion just to die with the expiration of this hearing. I am certain the administration has never heard more constructive recommendations as opposed to the rhetorical criticisms of some of the concerns that people will have.

What I would like to do is to ask the administration whether they would care to respond to any of the panelists or to ask any questions and give an opportunity to the non-Federal panel to either respond to those answers or to ask any particular agency any questions. In the meanwhile, I will ask the audience to start now to think about questions that you may want to ask any of the panelists that are here. And before that time, I yield to my distinguished colleague from New York, Congressman Waldon.

Mr. WALDON. Thank you very much, Mr. Chairman.

I'm really concerned about the future of the black family in this sense, that from all of the data recited here today, it looks like the endangered species is a young black male, especially up to about the age of 25, from drug abuse, and from what I know from my years in law enforcement, up to 28 or 29 in terms of going to jail. If that is the case, if we are across this nation losing in such large

numbers the young black males where will the young black men be to marry the young black women?

I was encouraged by something the Admiral said when he spoke to the issue of reduction of—the gentleman—I am not sure—of drug abuse in the military. Let me look on the front of this sheet. That was Major General Olmstead. I would like you to share with us whether or not you think the model that has been so successful in the military can be translated into use in the private sector. If so, how can we bring it successfully into the private sector?

General OLMSTEAD. I appreciate the opportunity to respond to that because I think the successes that we have enjoyed in the military in eradicating drugs will continue—I should say we are not resting because they are not complete yet, as the good doctor said on my right there. We have tried to make the use of drugs something that is not acceptable by the community which we represent. And the young man or young lady who joins the armed forces today knows that one of the standards of being part of that armed force is not to be weak and use drugs.

There is also rather strong punishment for people who do use drugs. I will tell you that there is certainly the opportunity for our commanders to give a second chance to the very junior, the very young ones that might slip and try it once after they are in the service. But those people who are in responsible positions, those people that are trusted with security, they are not allowed to slip at all, and they know it. Their job is on the line.

I am telling you if some senior noncommissioned officer or officer decides that he wants to foolishly abuse himself with some chemical, he will be seeking other employment rather rapidly. The word is out. I call that education, Mr. Congressman.

Mr. WALDON. Sir, do you have any idea how we could translate that discipline into the private sector? Are you suggesting, for example in the school system, if the teachers were to be permissive regarding allowing drug abuse to go on in their classrooms and/or on the school campuses they should be held accountable? Is that what I hear you saying or suggesting?

General OLMSTEAD. Well, it might be a good leverage to have. I think it has to be looked at. There are, obviously, different rules which are governing the various school districts of our nation. But I think the word has to be out that it is not acceptable in my community, my organization, my school, for people in a responsible position to use drugs. There has to be some form of punishment, Mr. Congressman.

Mr. WALDON. Thank you very much.

Mr. Chairman, just another tack in a different quarter. I heard mention by Mr. Walters the educational budget, and you had him bring out the small part of that budget which is for drug education, of the $18 billion total budget. It is my understanding that from the statistics and data, by the fourth grade 25 percent of the children have had peer pressure to use drugs, one-third of the young people in New York have experimented in drugs, and those still in senior high school two-thirds or more have used drugs, including cocaine.

My question to the gentleman is: Would it not be better in the first instance for a much larger percentage of the budget to be allo-

cated for education against drug abuse, and two, would it not be better on a national perspective if this administration had a more positive attitude towards educating all of the people so that the regressive cutbacks which preclude the poor and the black and the innocent youth from wanting and hoping to have a higher education could occur?

Mr. WALTERS. First, we think more money should be spent on drug abuse prevention. That is why the administration proposed an additional $100 million as part of the President's legislative package. Secondly, as I tried to point out, the money available at the department is divided into two categories, earmarked money and money that States may use at their discretion through local school districts. Potential money available if districts make their priority drug abuse is approximately $500 million. They have not done so, but we expect that more will do so as time goes on. And 170 school districts, as I have said, have done so. Let me also take up the other issue.

An earlier person testifying mentioned bad data makes bad public policy. I think that is obviously true, and the question that you asked about the military and the military's policy and how it could be applied I think is pertinent. Everybody believes that we ought to do more in terms of drug abuse prevention education, but it is important to point out, I think, that our research, summarized in "Schools Without Drugs" and in other statements by the department, indicates the key to successful prevention in the schools is a tough policy, and that it is tough policies that have turned schools around in the inner cities and tough policies that have turned around schools in the suburbs.

There has to be a degree of intolerance like that described in the military. That means enlisting students, parents, teachers and administrators. There is more of that going on, but we need a clear policy. We need consequences, and what we also have to provide is more detailed and specific information in the classroom and in the home.

This can be done and I think you are going to see a great deal of movement over the next year because the public is obviously ready to move and is going to push the people in leadership position to do more than they have.

Mr. WALDON. Thank you. But that wasn't really responsive to my question. The core of my question was, should there not be greater money made available by this administration, not just the Congress. If the attitude of this administration—and maybe you are not in a position to answer that, and I apologize. But if there were more money and a more supportive attitude from this administration regarding education from the kindergarten through the upper level so there could be a sense of hope for the inner-city kid who may wish to extricate himself from drug abuse, from children having children—that is the thrust of my question. And I don't feel that and I don't see that from this administration across the board.

Mr. WALTERS. You are not talking about prevention, but education generally.

Mr. WALDON. I was talking about prevention and education generally.

Mr. WALTERS. I don't see where there is a problem with the amount of money the department or the administration has requested. We have maintained the level of funding for elementary and secondary education for disadvantaged populations throughout this administration. I think it is a little unfair not to mention the fact Gramm-Rudman is the law of the land, Congress made it the law of the land and the President signed it. There are compromises, there are decisions that have to be made about spending. We aren't going to deny that.

But in making those decisions, this administration and Secretary Bennett have said it is important to maintain services to those who are most needy. The bulk of the cuts we have proposed have been for middle-class programs, higher education student loans for those that are not in minority groups or in disadvantaged areas.

We have tried to live within the spirit of the law that Congress has given the country, and the President has signed in a way that makes sense and takes into account our priorities. I don't believe there has been a vendetta against the disadvantaged and I don't believe there will be one in the future.

Mr. RANGEL. Thank you.

The chair would like to tell the panelists that we recognize some of you have had previous engagements and we thank you for spending this time with us. We hope you stay as long as you can, and let me know when you have to leave.

In a moment I am going to recognize our distinguished chairman of the Congressional Black Caucus that is going around to each of the workshops making certain that we are on the job and doing what we have been instructed to do. But I just can't resist asking some questions of our distinguished Assistant Secretary of Education, because you refer to the $100 million. This $100 million was recommended by the President after the Congress decided to pass an omnibus drug bill. Is that correct?

Mr. WALTERS. The introduction of it was after.

Mr. RANGEL. And the Secretary privileged this committee with testimony not too long ago, and I thought his response to Congressman Waldon's question at that time was he did not think there was a need for any additional Federal money for education and that he vigorously opposed any Federal programs as related to drugs. Following your suggestion of zero tolerance and strict discipline, he thought, was the Federal education policy.

Mr. WALTERS. I think the issue here is: Is money or is a certain level of funding crucial? We think that an additional Federal expenditure in this area is helpful, but it is misleading to suggest that that is going to solve the problem.

Mr. RANGEL. No, I just want to ask—you know, at that time the Secretary did not suggest that additional funds were helpful. So there has been a change——

Mr. WALTERS. I think he did mention, though, in fairness, that the department had under his leadership been examining its efforts, working on research, and we were assessing our existing programs and funding levels.

Mr. RANGEL. Has that research been completed?

Mr. WALTERS. Part of it has, and is reflected in the legislation the administration proposed.

Mr. RANGEL. And that was reflected in the $100 million? This is $100 million that you are referring to, that is not what we call new money, is it? This is to be reallocated from existing programs?

Mr. WALTERS. That is correct.

Mr. RANGEL. Some of those programs being health programs?

Mr. WALTERS. No, they are offset by our budget, not HHS money.

Mr. RANGEL. Within the Department of Education?

Mr. WALTERS. Right.

Mr. RANGEL. So we will then be staying with the $18 billion educational budget, hopefully $100 million will be earmarked for drug education?

Mr. WALTERS. Well, we have $100 million, and, again, there is the standing programs. We don't intend to change the $500 million block grant program, based on the priorities of States and local districts expenditure money on prevention effort.

Mr. RANGEL. With this zero tolerance which is strict discipline, which Secretary Bennett is advocating, I hope that that is not associated with the very successful program that the Department of Defense is having. I want to congratulate them, because they have taken a bad situation and really have taught us, Congressman Waldon, how they can turn it around.

Unlike the Department of Education, the Department of Defense is involved in an educational prevention program as well as a very effective treatment program. And so when the Secretary of Education says zero tolerance, kicking the abusers out, we somehow expect the same high standards of the Department of Education as we have found from the Department of Defense: (1) Try to put them in a position they don't have to be kicked out; and (2) when you find an abuser, rather than just kick him out, try to help him stay in.

I congratulate the Department of Defense and I hope that next year I will be able to say the same thing about the Department of Education. Let me congratulate our distinguished chairman of the Congressional Black Caucus for being a forceful leader in so many legislative efforts, more particularly in the compassion he has demonstrated representing a poor district—yes, indeed, even in Houston, Texas—but at the same time to reach out across the world to find out people that were more in need and to do this and still keep up his great work with the legislative committees and to chair the 21 caucus Members and to have this most successful weekend.

We would like to thank you individually and collectively, and I yield to the gentleman from Houston, Texas, Mickey Leland.

TESTIMONY OF MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. LELAND. Thank you very much, Charlie. Charlie, to me, is more than just a colleague, but rather a very close and dear friend and brother, of course. And I am most proud of him.

Let me just say to all of you who are participating, those of you who are witnesses here and experts who are providing expertise for the purpose of this hearing, and those of you who are just here participating as participants for the Congressional Black Caucus Week of legislative activities. We are most appreciative, we thank you for

that. Charlie Rangel is an unusual individual and I would like to say that to all of you.

Politically we have now come to grips with the fact that not only should we on a local level but on a national level get involved with this incredible fight against drug abuse, not only inside our country but also outside. Charlie Rangel, however, is not a newcomer. He has led the fight for the Congressional Black Caucus since 1976, since his involvement in the membership and the origination by the way of this Select Committee on Narcotics.

He has put himself in incredible situations, and I have talked to him several times about this, situations where many of us would not yield ourselves because he has put himself in dangers in some instances going to those countries where there is a very serious problem of drug trafficking.

Charlie Rangel has been there. He has been Chairman of this committee for four years and as I understand, it could have been actually the second Chair of this Select Committee on Narcotics but chose to allow his colleague to take the leadership at one point, but subsequent to that the Speaker of the House of Representatives decided that it was indeed Charlie Rangel's leadership that this Congress needed to take this incredible opportunity to combat drugs.

Charlie Rangel has been there and we are very, very proud of him. We depend on him not only leading us in this campaign against drug abuse, but also as the third ranking Member of the House Ways and Means Committee he has done an incredible job, he has protected the interests of particularly minorities, the poor and the working people of our society.

You have got an invaluable resource in Charlie Rangel as Chairman of the Congressional Black Caucus, let me just speak for the 20 other members of the Congressional Black Caucus to say how proud we are of Charlie Rangel. We are also very proud of our new and younger colleague, Al Waldon, for his participation in the short time that he has been here, he has made invaluable contributions to the Congressional Black Caucus. We are very, very proud of him.

With that, let me just end by saying that we hope that you are going to not only get a lot of information out of the Congressional Black Caucus, but to some extent we hope you enjoy yourself here, too. We know there are 47 substantive workshops going on throughout the week. We get wrapped sometime because of social events we have, but I understand there are only three fully organized social events for the week, three versus the 47 workshops, town hall meetings, congressional hearings, braintrust meetings. There is an incredible opportunity for black people everywhere, and those who are friends of the black community also.

We are very, very pleased. Again, let me say to your witnesses and participants here, thank you very much on behalf of the Congressional Black Caucus for what you have provided us. Only Charlie Rangel by the way, could involve the upper echelon of the Administration here, the Assistant Secretary. We appreciate your being here and participating, and those who are most prominent in the Administration and who are contributors to the problems of this horrifying problem.

We love you, you are beautiful, keep on keeping on, brother. Thank you.

Mr. RANGEL. That was an unpaid, unsolicited commercial. Thank you.

Those from the Administration that may have questions from us, the panel or respond to some of the concerns, this would be a great opportunity. Later I will ask the non-Federal panel and then we will get to the audience questioning.

Dr. SCHUSTER. I would like to make one comment about the issue of schools and children who may be at special risk for the development of drug problems.

One of the major new initiatives which the National Institute on Drug Abuse, as well as the National Institute of Mental Health is launching relates to attempts on our parts to intervene, at a very early age in the lives of children who may be at risk for the development of drug use problems. These children can be identified as having adjustment disorders which we now know are highly predictive of later adolescent substance abuse and other problems. We know for example, that males in the first grade who show a combination of shyness and aggression have about twice the probability of abusing substances when 12 or 13 years old.

So there are major studies going on now to identify those kids and see how we can especially help them. I think this is very important because it represents, potentially, one of the most effective targeted intervention techniques that we have seen come along. It is a slight ray of hope in an otherwise dismal picture.

Mr. RANGEL. The art of providing drug treatment, and I suspect the art of providing funds for drug treatment, but since you have worked with the program for so long in the past, do you think there is any role the Federal government can provide in making certain that those Americans that need treatment that have problems, that the treatment is available?

Dr. SCHUSTER. Well, there are two aspects to this. And you are aware under the State block grant all treatment dollars are provided directly to the States and the National Institute of Drug Abuse is no longer involved in that. However, the Health and Human Services is charged with a determination of need. This is a very critical issue, because the dollars that are apportioned to each of the States have to be apportioned, at least in part, on the basis of demonstrated needs.

The National Institute on Drug Abuse is providing technical assistance to States and other organizations to help them establish their level of need. So those areas for example that not only have a large number of drug abusers but have an endemic problem AIDS as well, might very well be chosen for disproportional funding because of greater need. We are helping in that regard.

As far as treatment is concerned, I would like to emphasize one other point. Although we do not provide dollars for treatment, we have a number of model treatment programs which are very important for the development of new treatment techniques. We are desperately looking for new alternatives to methadone maintenance. We have several candidate drugs which may be of importance in this regard.

To avoid a misunderstanding, I would like to emphasize that methadone maintenance, if properly practiced, can be a very effective technique, and useful in getting people off street drugs and to help them rehabilitate themselves and rebuild their lives. The important ingredient, is that the methadone is not like an antibiotic; it doesn't cure heroin addiction. It simply provides the impetus for the person to come into the treatment center where other kinds of rehabilitative services can be provided.

Providing them methadone, in and of itself, will not help them in terms of rehabilitation. It may help them to cut down a little bit on how much heroin they take, but it won't help them turn their lives around. The important ingredient in methadone maintenance is not so much the drug, as the ancillary services provided with the maintenance program.

We at NIDA stand strong on that particular issue.

Mr. RANGEL. I just thought since NIDA was a supporter of the hotline and to call to the attention those who needed help should get help, that somewhere the Federal Government should say, and we guarantee that if you do call you are not going to be placed on hold or a year-and-a-half waiting list, that we really mean that we can back up our offer of assistance with treatment centers, and—or you have a disclaimer saying call for help if you need it, but not in New York City, not in D.C., not in Boston.

Dr. SCHUSTER. My only comment to that would be I share your concern. It would be totally unacceptable for individuals who need treatment to not get it. The issue of waiting lists is a very complicated one, and I believe you are referring to the fact that in certain cities treatment needs exceed treatment capacity. There is no question that this is true.

I would simply point out that there is provided in the new legislation increased dollars through the Federal-State block grant program for treatment. Hopefully if those areas with waiting lists are able to demonstrate need for these dollars under the Administration's new legislative initiative there will be increased dollars for treatment.

Mr. RANGEL. I am sorry, that legislative initiation passed me. Where is the Administration's legislative——

Dr. SCHUSTER. An increase is provided under the Senate bill——

Mr. RANGEL. Oh, the Senate bill now is to be considered the Administration's bill? I am not being facetious. I had not known, has the Administration embraced the Senate bill?

Dr. SCHUSTER. I would simply say the Administration's initial position on this was to provide increased funding for treatment, and the Senate's bill reflects the same attitude, that increased dollars for treatment will be necessary.

In the original proposals which came forth from the Administration, these dollars were not going to be passed through the State block grant system, but rather were going to be passed through HHS as of demonstration grants. Part of the reason for this was that we wanted to make certain that need was a criterion in getting those dollars to the place where the public health problem of drug abuse existed to the greatest extent.

Recognizing that there is not a sufficient amount of money in the world right now to bring into treatment every single individual

who is abusing drugs, we did make some calculations related to the number of dollars it would take to bring about 20 percent of the cocaine users into treatment. We are talking billions and billions of dollars a year which emphasizes why we think the prevention approved is absolutely essential. We simply cannot afford treatment at such exorbitant costs.

Mr. RANGEL. You don't have to worry too much about treatment if you are not doing too much in education. In other words, if you don't have law enforcement and education, you are not going to really see any boom in demand for treatment, so I think we can level it off. But it just seems to me that you just cannot concentrate on one.

If you ask the police to enforce the law, you have to find a lot of people looking for treatment. If they are successful in the Federal level reducing the amount of drugs available, certainly there will be more people that need treatment.

If we get involved in education the way hopefully the Administration is suggesting, again you are going to see a part of that group move to treatment. So we have to be working more closely together. The Administration certainly did not embrace the House bill, and if there is any suggestion that they have prepared to embrace in whole or in part of the Senate bill, and we hope to put some dollars in the Senate bill to clean it up a little bit and maybe next week we could pass it on the suspension calendar without a lot of debate, without a lot of politics, and I think that it would be a partnership rather than just a legislative initiative.

So I am pleased—is the Secretary of Education, are there any parts of the Senate bill that have been embraced by your Department?

Mr. WALTERS. There are features of both bills I think we could embrace. Some are not common to both bills. The granting of additional moneys to local school districts and states is a feature that we have endorsed. We would have preferred to see some characteristics in the House bill that are not in the Senate bill. We would have preferred that a little more be required of the recipients of the money. That school districts applying for money present a plan for eliminating or reducing drug use in their district. That doesn't mean they have to have a prescribed set of criteria, that they show they have thought through a comprehensive plan involving parents, curricula, policies, and treatment.

Now, that was deemed, I gather too onerous and was removed in the Senate, but certainly we support that, and we proposed it originally. As I say, we have proposed the regranting of money for national models and for gathering more information. We don't know enough that characteristics of use, we admit that. We have a school senior survey but we know the problem is to stop use before it starts, and we also know that use is beginning at younger and younger ages.

What we would like to do is survey lower grade levels and start looking more systematically at the contours of use. For all those reasons, I think there are features in both bills we could support, and we certainly don't oppose those.

Mr. RANGEL. Let's break some new ground with this hearing. Because of the budgetary restrictions and because of the Administra-

tion's policy and not recommending new legislative programs, we have been unable to get the benefit of your professional thinking in the past. Now that it is clear that the House and Senate will be passing legislation, we hope now that we can get your ideas on how we can perfect it, or which parts have been passed, that you can thusly support, and we are not being effective with dollars and suggestions to come forward and be able to point in the right direction.

I think that the Administration now should be willing to do what we have tried to do in the Congress, and that is to come up with a comprehensive program not to follow the Congress, but to provide the leadership so Congress can attempt to mold its legislation in what the Administration would want us to do.

Mr. WALTERS. We agree.

Mr. RANGEL. Admiral?

Admiral YOST. I might comment on the bills. The House bill has language in it that provides some assets to come out of DoD that would be assigned by the Drug Policy Board. The Administration supports that particular portion of the House bill. That is considerably different than the Senate bill. It provides those same assets to go to a particular agency. I would hope as these two bills go together, that that portion of the House bill would not disappear.

I would be happy to enter for the record a letter from the head of the Drug Policy Board, Mr. Meese, to the leadership of both the House and the Senate on this particular point.

Mr. RANGEL. Well, Admiral, let me spell out to the audience what we are talking about as I respond to you. What is happening here is that the House has passed a bill with certain provisions, the one the Admiral is talking about gives specific assistance to the Coast Guard that they are willing to support or they think it is compatible with their mission.

After we passed our bill, almost unrelated but just based on what the Senate committees thought would be a better idea, they passed their bill. As you hear the exchange going back and forth, the Administration is identifying parts in different bills that they would prefer, hoping that when the conferees, that is when the leadership of the House and the Senate appointed half a dozen of us, and I would be willing to come together to work out the differences, we are now supposed to come back to both houses with just one bill.

And so what they are advocating is what parts they prefer in the different bills, hoping that those things could be worked out in conference. That is the good news.

The bad news, Admiral, is that we may not have a conference. It is possible for procedural reasons that we can accept either bill through negotiating, without going to a formal conference, to get the Senate to go back and to make some changes on their bill because on our bill, what politically we are afraid of is the death penalty, the exclusionary rule and the abuse in our opinion of our military authority.

Rather than have those political issues to come in conference or to come back to either floor, we are prone to try to get the Senate, who did not have these provisions on there, to get some money put in their bill and we can take care of those things later. If that happens, we then will take the bill and put on the House suspension

calendar, which means that only 20 minutes will be allowed to debate the bill. This is what we call back home a fast track.

And in order to pass the bill, because the debate is limited and it is on a fast track, instead of getting a majority you have to get two-thirds of the House of Representatives to vote for that particular piece of legislation.

The reason we know that we will have the two-thirds, on a bill that was much more complicated, we only had 17 votes out of 435 voting against it. So what I am suggesting is please send to us by Monday morning what you would prefer if those things are essential, if they can be worked out to be put on the Senate bill, and the Senate is willing to accept it, we will try to do that without going to conference.

But I guess more importantly, we ought to start thinking about what we should do next year, because the legislative year will be starting in January, we will have a framework to work with and I am sure every standing committee chairman is very anxious to work with your agencies and department, and we can get it done in a better way rather than the speed and the haste in which both Houses responded.

Are there other—on our side, would you like to respond to any of the issues or to ask any specific question of the Federal people that are left with us? I have to look over here more often. I turn my head and most of you are gone.

Mr. BESTEMAN. All I will say is some of the constituency groups have choices other than the Administration as to what part of the bill you gentlemen should consider.

Mr. RANGEL. We hope we can hear from you, because like I said this bill could possibly come up on the suspension calendar on Monday, but, again, it doesn't mean that that is the final word in this area. We have broken the ice by passing that bill in the House and Senate, and that is the good news; we do have a national strategy. We didn't spend enough time to perfect it, but we will have time now to know that something is out there. Whether the program is going to be good or bad and then with your help we can really do something.

How about from the audience?

Ms. Parker.

Ms. PARKER. My name is Elaine Parker, and I am from Harlem, USA, and Congressman Rangel is my Congressman and he keeps us well informed. I guess my question is to NIDA. I see where you mentioned the Links, two sororities, Oakland I am not familiar with, but I didn't hear such good things about Oakland. I am wondering what is happening to the grass roots organizations in this drug problem. Are they informed and have they submitted proposals or are they able to. Our sororities we respect but most of these people have ventured out of our communities. I have known of the Links since I was a young girl. I don't know too much about Links in Harlem. We would like to know what is being done in the grass root area with this three—million or billion, which was it? Three billion dollars I think. What is happening the grass roots areas and how can they put in proposals?

Mr. RANGEL. Let me interrupt. I am going to ask Mr. Cusack to take over. I am also a conferee in a reconciliation bill. We are

meeting over at the Capitol, Chairman Rostenkowski needs my vote. I am going over there. I will turn the Chair over to you and I will be coming back. Thank you.

Ms. PARKER. I would like a response.

Dr. SCHUSTER. I would be happy to respond to you. First of all, the National Institute on Drug Abuse has very limited dollars for any kind of direct funding of prevention activities itself. This is because all of those dollars were diverted to the States under the ADMS block grant program. Nevertheless, what we do have and what we do provide to grass roots community groups or organizations is technical assistance in terms of how do you get a drug abuse program started on the local level. We provide not only booklets, and information about other successful programs, but we also provide the kind of technical assistance where we have people come to your community to discuss your problems and assist you in building a community group.

Ms. PARKER. Thank you.

Mr. CUSACK [presiding]. Let's take a question from over on this side.

Mr. INGRAM. My name is Paul Ingram, I am from Pittsburgh. I am Director of a methadone program. I have been a director of that program for some eleven years. I am very much concerned because there is a certain portion of our drug users in our society that are not going to stop using drugs, regardless of what you do. Therefore we consider some of the things we do in methadone treatment, that we are more agents of social control than we are as far as rehabilitating people.

The way the monies are coming down for prevention and for treatment, it seems like the methadone program is being squeezed out. We are talking about more crimes being created because of an increase in drug use, more jails having to be built, more staff having to be created through the criminal justice system to control that.

What is the view towards methadone programs, particularly those in existence today and some new programs that may come up to take on this onslaught of that population who are not going to be able to be rehabbed and may consistently have to be considered those should be treated as we would treat a diabetic and accept that.

Dr. SCHUSTER. Well, first of all I share your background. I have also run methadone maintenance clinics, and my testimony previously reflected the fact that I am very supportive of methadone maintenance. I think, frankly, it is getting a bad "rap" in the country today. It has the reputation of "not working." I think this is based in part on the fact people sometimes have unrealistic expectations about what can be done.

You have expressed the thought that there are many individuals who variety of problems—either they have psychiatric disorders or have been addicted to opiates for twenty, thirty, forty years. You are never going to get them off an opiate short of putting them in prison or someplace where they simply cannot get it.

Further, the idea of being able to convert them back into model citizens is also under many circumstances unrealistic. I think what we have to recognize is just what you are saying, and that is for a

certain portion of drug users, social control rather than rehabilitation is the issue. Nonetheless, I have the feeling that one of the major activities we should be doing while we still continue to take care of that portion of the population is to work with these people earlier through outreach programs. You have to go out into the areas and get the kids before they become so distorted it is almost impossible to rehabilitate them. And those are some of the kinds of activities we are trying to stress through some of our model treatment programs.

Mr. INGRAM. I would like to respond to that. The prevention aspect, what happens when money drops down to a local area, the struggle and fight is with the school system having a policy that can be accepted by the school board and have referral systems on programs in the community that when those programs such as the hard line education wants to have, if you expel the student out of the school, where is the student going to go? What is going to happen, how is it going to be coordinated through the school?

We are talking about cost of prevention as far as treatment. There is a great amount of cost in prevention because you have to get involved in training, who is going to provide the service, a lot of other stuff.

I want to make one last statement. Our program is called Pittsburgh Black Action Drug Abuse Center. That was our previous name. We had to change it. We now call it PBA, the Second Step, out of Pittsburgh. We just did research, and I would like to let you know we do research ourselves and that in our research we found out that for a program that is originally black managed, black run, that the black client did not do as well as the white client in the program.

So what that is saying also to us, is one of two things. That we are somewhat of a microcosm or what is indicative in our society that happens to the blacks by not having the proper support system, once they leave the treatment center and go back into the community, they are still faced with some of the things that have affected blacks in our society.

So therefore, we are expressing that same type of treatment issue, inside the program.

I want to make that statement. The statement is very true, it is something we need to be very conscientious of.

Mr. CUSACK. Let me take a question from this side of the room, the young lady here.

Ms. ELLANSON. My name is Lesa Ellanson, and I am from New York and I represent actually a coalition of students of which leaders total over 10,000—representing tens of thousands of students, and I was shocked absolutely nothing was mentioned about the problem of drugs on our campuses, where not only is it fashionable, tolerated, but it is fashionable that the drug usage is quite the norm and if you are not a regular drug user, you are somewhat of a freak.

I would like to know, then—I have heard a lot of statistics, ramifications, operations and priorities and things, and I was wondering from the private sector as well as our administration, what concretely can be done on our campuses. We are not as students and as leaders I represent, we are not interested in waging any sort of

war, we are interested in winning. We don't care about trying to fight. We just want to get it off our campuses.

Dr. Schuster, you mentioned about a situation where to start a successful program in a community, we would like to know what we can do on a campus. Because there you are going to face a lot more—Dr. Primm talked about having to deal with young professionals and treating them. They start on campus. That is where they become professionals.

I would like to know from the Administration, we feel that the government auspices over credibility to students as well as the people out there in the streets who know some of the students on our campuses are there because the government gives them money to be there. They get familiar with drugs in the streets. So I would like to know as a combined unit what we can do as students to keep drugs off our campuses.

Frankly, we are sick of this. It is killing our students.

Mr. CUSACK. Who would like to respond to that?

Mr. WALTERS. Earlier in the summer we discussed it at some length, and part of the response to that was Secretary Bennett's call upon college presidents to take leadership on their campuses. The Secretary suggested that they could begin by writing a letter to students and their families stating that drugs won't be tolerated on campus this year.

Now, I cannot say the response by higher education has been something we expected. We were ridiculed and charged with calling out the gestapo. Some said this is an unfair burden on colleges or universities. But all the Secretary asked was that a letter be sent, and that colleges start to take leadership from the president on down.

We had a more favorable response from parents and students who have written and said we wish our university administration would be tougher. In addition to this, and outside of a proposal from the Administration, I understand that there have been two provisions in congressional legislation over the course of the summer to withhold Federal funds from any institution, including colleges and universities, that did not have effective drug prevention programs. There has been some discussion of this and there has been considerable debate. This proposal is still up in the air. It was removed from one legislative vehicle I believe, but still exists in some form in the Higher Education Act.

We are not suggesting that is where we should begin. What we are trying to do is work with higher education, we are now surveying current policies and programs in higher education, and we will be working with responses to those surveys to begin to cast a program for colleges and universities.

I will admit to you frankly that knowing that the best way to turn around the problem is to get to young people before they start using drugs, we have focused on elementary and secondary education. We have not forgotten higher education, but we have brought proposals to completion in elementary and secondary area prior to higher education.

Mr. CUSACK. Dr. Besteman would like to respond.

Mr. BESTEMAN. My association has sponsored three meetings with higher education colleges and universities in 1984, 1985 and

1986, to sit down for two, two-and-a-half days with deans that are in charge of campus policy with health center medical directors, with resident life directors in terms of what policies and what practices on campus have an impact on the consumption of alcoholic beverages and drugs, because to ignore on the campus situation that those two behaviors are interlocked is to put your head in the sand. And part of the problem we have in governmentese is the fact that we are going hell-bent on an emergency about post-drug abuse and in the college group you start off with college freshmen who on survey 80 percent are drinking, and the consumption of alcohol is a controlled behavior with the consumption of marijuana and other drugs, all the way through the whole list.

We do have a problem in higher education in that the tradition of the academic leadership is academic freedom and behavioral freedom to experiment, and that is like a culture or a yeast on a college campus, and you have to deal with that.

However, I would be delighted to get a card from you. We have materials, policy papers and experts, who have addressed this issue on campuses and campuses pursuing a survey on what is happening on their specific campus. There has been reduction in the consumption of alcohol and illicit drugs. I know of no higher education campus in America that can truly say it is drug-free, and that is probably because I don't know all of them. There may be one or two scattered around, but most of your big universities, they won't even begin to use that term.

Ms. ELLANSON. Thank you.

Mr. WALTERS. If I could just say one thing, in fairness we ought to say there are some college campuses that are trying very hard. I don't want to make it sound like there are some that aren't.

Mr. BESTEMAN. I know of some large state universities that have been working diligently on this issue.

Mr. WALTERS. Some did respond favorably to the Secretary's remark.

Mr. RICHARDSON. My name is David Richardson, State Representative from Pennsylvania, and I have a couple of questions. Unfortunately, some of the military people have left, but I think that I would like to focus attention on many of the concerns many of us have from the grassroots community. That is, that all of the talk seems to be a dead end situation.

Number one, we can continue to talk about the monies that are being spent in drug enforcement but at the same time we don't talk about putting the same amount of money into prevention and education, which seems to be a misnomer.

Number two, if we are talking about countries that are bringing drugs into our country, why are we not declaring war against those individual countries that in fact are bringing drugs into our communities?

If we can give $100 million to the Contras, who are the biggest, dope pushers in the world, who can say it is okay to do so, and we sanction it as a government. I don't understand why we are not declaring war on drugs.

The other thing I would raise, when I heard the gentleman from the Department of Education indicate that we are working on a prevention program at the elementary level, that is where we need

to go, because that is where the prevention is. I think he misunderstands what the gentleman over here said when he said a large number of drug users are in fact adults. If we don't begin to look at that situation as more of a focus to put monies into that area, that we are just moving ourselves in a situation where we are coming out in a nice hearing and nice discussion, but we are really not getting through. I see our approach at this point is a band aid on a cancer and unless we are going to really deal with the question raised on our college campuses, you are not going to stop drugs.

You can talk about it all you want, say how tough you are going to act, murder everybody, hand everybody, but you are not going to stop drugs if you are not talking about killing the supply and demand or where it comes from. If it comes into the country, as long as it gets in somehow, we are going to have a black market to somebody on the street.

Methadone programs and things of that nature that have been programs that have helped to design help, now they are being weeded out of the communities. There is no monies at this point that are being brought into the communities to help with the programs. I would like to know the Administration's position on how we are going to focus our power in this area, as opposed to just talking about utilizing existing money when in fact that is not going to be enough to ever stop the drug problem we have in the country.

Mr. CUSACK. I just direct that last question to Dr. Schuster, if he can handle it.

Dr. SCHUSTER. I am sure I should say thank you. It is a very tough question. I would submit to you that in many communities, you can't set up treatment units because the community will not allow it to be done. This is true in New York and it is true in many areas. So even where the State agencies in New York want to increase treatment availability, they have been thwarted in many instances by the communities which said, "we don't want a methedone maintenance clinic here. One of the things that we have to do is to change the public attitude about this.

I have talked to the State agencies in New York, and I asked them how much money would it take for us to get all of the heroin addicts into treatment? They said well, don't even bother giving us the money because we can't set up a treatment to deal with it until the community will let us do this. So it is a very complex problem and I am not trying to beg off but I am saying that there are problems at the community level that all the dollars in the world will not overcome.

On the other hand, I think it is absolutely true that we can't lose sight of the treatment needs of the adult addicted population which may be creating social chaos in the community. I certainly would agree with that. There are treatment dollars mentioned in both the House and Senate bills that would increase the amount of dollars available through the State block grants mechanism.

I would hope that we realize that if we can't find new ways to treat heroin addiction without methodone, we will not be able to bring enough of them into teatment. The National Institute on Drug Abuse is trying to find other ways of treating them because if they won't come in, obviously we can't treat them.

Thank you.

Mr. RICHARDSON. My question was not answered relevant to how we are going to use this war against the monies that are presently being spent in this country.

Mr. CUSACK. What we are going to do, when we have the record we will have to give you a written response, because the people who could answer that question, largely have left. We have addressed that part of your question which we were able to respond through Dr. Schuster.

Ms. DUNCAN. My name is Dr. Winifred Duncan. I am an Occupational Therapist from New York. I work at Wood Hall Detox for Alcohol and Substance Abuse.

Dr. Schuster, I hear you talk about what happens in the grass roots, but from detox from the methods that we have in our hospitals, we have no place to send our patients afterwards. They can't go back to the communities, because the community is the same as they were, they have the same problem.

It seems like the person that is on drugs and alcohol for 25 and 30 years, they are the ones that are dying with AIDS, they are the ones that have nothing. You know, I want an answer to this. I would like to have an answer, because I know occupational therapy has a treatment for the heroin addict and for narcotics but there is just no money for after they leave detox. Could you give me an answer?

Dr. SCHUSTER. First, let me say that I am in total agreement with what you are saying in the following sense. That unless we can find suitable occupations for patients after they become involved in treatment, there is no way they are not going to relapse into again using drugs.

Now, one of the Administrations initial proposals in this war against drug abuse, was community systems development project grants. The reason for this is that the administration wanted to ensure that people who come out of the treatment program don't drop through the cracks, that they were linked up with whatever community resources existed. I would submit that this often happens, but sometimes the linkages are not made.

They sometimes do go back to the same communities. We know, based on all our studies, addicts can and do go back to the same communities and hang out on the same corner, and often begin using drugs again very shortly. I couldn't agree with you more and we are concerned with the problem of how we get the linkages. How do we get these people in the kind of situation where, following detoxification, they are going to perhaps have places where they can be given occupational training, where they can start to look for work and so forth? All of these are essential ingredients. I would agree with you.

Ms. DUNCAN. I am not seeing where the government is seeing drug abuse and alcoholism as an occupational progressive disease. It is not what people are saying. They are saying, addiction, addiction, without saying it is a disease and it is a disease and it is a progressive occupational disease and what I am saying about what is going to be done on the government level and on the private level. What is going to be done.

You spend as many years in alcoholism as I have, substance abuse, it seems our hands are tied, and we see people that we have known—it is a revolving door, in detox, out of detox——

Dr. SCHUSTER. Absolutely.

Ms. DUNCAN. It is part of the system. So I am talking about people's needs have to be changed and what can be done about it. That is what I am asking.

Dr. SCHUSTER. Well, as I said before, in the Administration's initial program, there were monies provided for what we were calling community system development projects, which would try to correct, to address the problem of getting that person who has come from detox or a halfway house ongoing into a treatment program. I would submit to you that if we just say go over these to the treatment program once they leave detox, they will never go.

One of the things the proposed Administration's program was designed to do is to effect the best possible linkages. What I am saying is that I agree with you, and the Administration agrees with you. That is why we put those monies into this form. I also must say to you, that those monies did not appear in either the Senate or the House bills in that form. We recognize the existence of the problem at the National Institute on Drug Abuse and we will continue to address it.

Ms. INGRAM. My name is Doris Ingram, I am from Baltimore, Maryland. I do several things. I am a psychiatric social worker in the Baltimore City Schools, and I also operate a private, nonprofit mental health treatment facility called Youth and Families Unlimited. So I would like to—there are two comments and a question I would like to have response to.

The first is, in education, the monies that are appropriated to schools, I think could better be used as the gentleman from Pennsylvania said, in the treatment of patients, the adults. In schools we see youngsters who were born of sometimes two addicted parents. These are children who know about the drugs, but of course, they are just the symptoms of the problems, the problems like within the adults in the community.

Some focus needs to be placed upon treatment in the community because placing the education that we are advocating in the schools is going to create another level of bureacracy paper passing and so forth.

What do we expect to have, a group of children throughout America, pinpointing as the little girl did of her two parents, having them prosecuted. And who is losing? The child and the parents. I think we need to focus upon the communities. The adults in the communities who are addicted.

Secondly, in terms of treatment now for our young people, namely, young men, in the prison system, who have committed the various crimes, who have been involved in drugs, related to drugs—in order to get the money, they do the B&Es, and the other kinds of crimes that are nuisance crimes, not necessarily the murder and more serious crimes—there is no treatment going on in the jails.

What monies are going to be set aside for that? For instance, in Maryland, there was a civil commitment program that was for drug addicted criminal inmates—well, inmates whose crimes were

as a result of drugs. This was a program that they could go for rehabilitation back to the community, that is after they had spent sometime in jail, to show that they are in the process of becoming rehabilitated. But I understand some of the states have passed laws against this because of monies and so forth.

But we need to invest in treatment, do something at the prison level because we are constantly building more prisons, we need to be about trying to pass back rehabilitate and pass back into the community those young people.

Mr. CUSACK. I think I can response to your questions, and of course, I will give the opportunities to the panel to also respond.

Number one, I think that the Federal Government has historically, and I know at the moment, are making every effort to address both education prevention type programs in the schools, and have as much as possible in the communities, treatment programs for adults. The biggest problem with present programs for the adults is the fact that many people who need treatment will come in——

Ms. INGRAM. Plus the communities don't——

Mr. CUSACK. That is true. That was brought out—in here I am speaking specifically now of treatment for those men who are incarcerated. The community isn't going to approve treatment.

Mr. CUSACK. That is the second question, and in the initial legislation Mr. Rangel introduced, there was a call for $125 million for additional treatment across the board to be added to what the government was already doing, and it was specifically set down in that that a portion of this would be provided for prison programs, for individuals in incarceration. Because we all know that in both the state and Federal systems, about 60 percent of the people in prison are either drug abusers or in prison for drug related crimes, and probably may be potential drug users. So I think there is an awareness, and Mr. Rangel is following this very closely, and we are working with the state authorities, and we feel as you say, in the prisons, you have a captive audience. There is no reason a drug abuser who enters a prison for a three or four or five year term is not put into a program of group therapy, besides detox, which goes very quickly and should be followed up with group therapy while the inmate remains in prison to prevent relapse upon release.

More and more there are movements to supervise people upon release, particularly if they go on parole, to maintain their drug free attitude or face the requirement to go back into prison, or a condition of parole to stay in the community based antidrug programs, such as Narcotics Anonymous.

Ms. INGRAM. Is there something people like me can do to assist?

Mr. CUSACK. I think what you can do, you can write letters to our committee telling us your feelings on these two issues that you have raised and we then will see to it that those letters and your background—so you have some credentials laid out in there, your experience. We could them send it to the appropriate committees and agencies so that they recognize this need.

Ms. INGRAM. Because it seems these communities are going back, they are taking steps backwards. Increasingly building more prisons. We don't need new prisons, we need new forms of treatment and money to do it.

Mr. BESTEMAN. One of the things that happened in the late sixties was that there was an attempt to reform the federal courts and put treatment in federal courts. That was an old Act which was the Civil Commitment Act. It administered it. I was then in the Federal Government. It was terribly cumbersome, but one of the areas of opportunity that we haven't looked at in all of our strategies.

And how to control drug abuse in our communities is that through our local criminal justice system, we have literally thousands of people who have a drug problem, are identified by being picked up on the street, and very, very few communities are doing anything to screen those people to offer those people treatment, or even to offer them supervision if they are found guilty, on probation, and give them the kind of supervision with treatment, and we have some strategies. I don't want to go into detail now. We do an excellent job if we are willing to look at the population and it is simply being ignored in the whole response system.

Mr. CUSACK. I think at this point, I am going to adjourn this meeting, and thank the participants. I am sorry that the people who have just come in have not had a chance to spend some time with us, but we had a full panel here and they have been going since 9 o'clock and these are the diehards, and they have hung in, but I have to be fair to them. So, on behalf of Chairman Rangel, and the Select Committee on Narcotics Abuse and Control, I will call this hearing to a close.

[Whereupon, at 12:15 p.m., the committee was adjourned.]

OPENING STATEMENT

OF

CHARLES B. RANGEL
CHAIRMAN

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

FOR HEARING ON

"THE FEDERAL WAR ON DRUGS: PAST, PRESENT AND FUTURE"

OCTOBER 3, 1986

GOOD MORNING, I WANT TO BEGIN BY WELCOMING BOTH OUR PANELISTS AND AUDIENCE PARTICIPANTS TO THE 16TH ANNUAL BLACK CAUCUS LEGISLATIVE MEETING. THIS MORNING WE WILL AGAIN CONSIDER THE PROBLEM OF DRUG TRAFFICKING AND ABUSE IN THE COMMUNITY.

IN PREVIOUS YEARS, WE HAVE LOOKED AT THE IMPACT OF DRUGS ON OUR SOCIETY, IN GENERAL; THE IMPACT OF DRUGS ON THE BLACK COMMUNITY; AND THE RELATIONSHIP BETWEEN DRUGS AND DROPOUTS. ON THE ONE HAND, I AM PLEASED THAT WE AGAIN HAVE THE OPPORTUNITY TO HOLD A HEARING ON THIS SERIOUS NATIONAL PROBLEM. ON THE OTHER HAND, IT IS UNFORTUNATE THAT DRUG TRAFFICKING AND ABUSE ARE STILL SO SEVERE THAT THERE IS A NEED TO HOLD SUCH A HEARING.

MY HOPE TODAY, HOWEVER, IS THAT WE ARE AT A TURNING POINT. I SAY THAT BECAUSE WE ARE CLOSER THAN WE HAVE EVER BEEN TO ENACTING A COMPREHENSIVE ANTI-DRUG BILL. FOR THAT REASON, THE TOPIC SELECTED FOR THIS MORNING'S HEARING IS: "THE FEDERAL WAR ON DRUGS: PAST, PRESENT AND FUTURE."

IN ORDER TO EXAMINE THIS TOPIC, THE SELECT COMMITTEE HAS INVITED WITNESSES FROM THE FEDERAL AGENCIES THAT ARE INVOLVED IN THIS WAR. ACCORDINGLY, WE HAVE INVITED REPRESENTATIVES OF THE DEPARTMENTS OF STATE, DEFENSE, TREASURY, HEALTH AND HUMAN SERVICES, EDUCATION, TRANSPORTATION AND THE COAST GUARD. WE HAVE ALSO ASKED REPRESENTATIVES FROM THE STATE AND LOCAL LEVELS, PUBLIC AND PRIVATE SECTORS, TO JOIN US IN ORDER TO HELP US EVALUATE WHAT MUST BE DONE BY THE FEDERAL GOVERNMENT TO CARRY OUT AN ALL-OUT WAR ON DRUGS.

THE OVERALL HISTORY OF OUR NATIONAL WAR ON DRUGS IS ONE OF INADEQUATE POLICIES, INSUFFICIENT RESOURCES, AND A LACK OF COMMITMENT TO CONFRONTING THE PROBLEM. AVAILABLE STATISTICS CONTINUE TO PAINT A BLEAK PICTURE OF BOTH THE SEVERITY OF THE PROBLEM AND THE INADEQUACY OF THE FEDERAL RESPONSE.

* THIS YEAR WE ESTIMATE THAT 150 TONS OF COCAINE, 12 TONS OF HEROIN, BETWEEN 30 AND 60 THOUSAND TONS OF MARIJUANA, AND 200 TONS OF HASHISH WILL ENTER THE UNITED STATES.

* THERE ARE APPROXIMATELY 550,000 HEROIN ADDICTS, 4 MILLION REGULAR USERS OF COCAINE AND 20 MILLION REGULAR MARIJUANA USERS.

* ACCORDING TO A UNIVERSITY OF MICHIGAN STUDY, 6 OUT OF 10 STUDENTS, SURVEYED FROM THE 1985 SENIOR CLASS, ADMITTED TRYING ILLICIT DRUGS. 40 PERCENT HAD USED ILLICIT DRUGS OTHER THAN MARIJUANA. OVER 17 PERCENT HAD TRIED COCAINE.

* LAST YEAR THE FOCUS OF THE SELECT COMMITTEE'S BLACK CAUCUS HEARING WAS DRUG ABUSE AND DROPOUTS. THE EVIDENCE INDICATES A CLEAR ASSOCIATION BETWEEN THESE TWO PROBLEMS.

* DRUG USE BY PREGNANT TEENAGERS IS TURNING AN ALREADY TRAGIC SITUATION INTO AN ABSOLUTE NIGHTMARE. MORE BABIES

ARE BEING BORN ADDICTED TO DRUGS. AS HEARTBREAKING AS THE STORIES OF BABIES GOING THROUGH WITHDRAWAL ARE, THIS MAY ONLY BE THE BEGINNING OF THEIR TRAGEDY. MANY OF THESE BABIES WILL SUFFER FROM BEHAVIOR AND HEALTH PROBLEMS FOR THE REST OF THEIR LIVES.

* RECENTLY, I VISITED A HOSPITAL WARD IN NEW YORK AND FOUND YOUNG BABIES 6 MONTHS OLD TO A YEAR WHOM NO ONE WANTED -- FOR WHOM THERE WAS NO AVAILABLE FOSTER CARE. WHY? THEY WERE THE CHILDREN OF IV-DRUG USERS. THE FEAR OF AIDS IS SO GREAT THAT NO ONE WANTED TO RISK CARING FOR THESE BABIES. THE EMOTIONAL AND INTELLECTUAL DEVELOPMENT OF THESE CHILDREN WILL BE RETARDED BECAUSE OF THE LACK OF ATTENTION.

* THE LOSS OF THESE CHILDREN IS ONLY ONE OF THE SOCIAL COSTS OF NARCOTICS ABUSE TO THE UNITED STATES. IT IS ESTIMATED THAT THE ECONOMIC AND SOCIAL COSTS OF DRUG USE AMOUNT TO MORE THAN $100 BILLION ANNUALLY IN INCREASED HEALTH CARE COSTS, LOST PRODUCTIVITY, AND RELATED CRIME AND VIOLENCE.

* THE MOST OBVIOUS HUMAN COSTS OF DRUG USE ARE THE NUMBER OF DRUG RELATED HOSPITAL EMERGENCIES AND DEATHS. THE NUMBERS CONTINUE TO GROW.

* THE DRUG ABUSE WARNING NETWORK (DAWN) REPORTS 105,699 DRUG-RELATED HOSPITAL EMERGENCIES AND 3,562 DRUG-RELATED

DEATHS (EXCLUDING NEW YORK) IN 1985.

* FOR COCAINE RELATED DEATHS, ALONE, NEW YORK REPORTS AN INCREASE FROM 7 TO 137 BETWEEN 1983 AND 1985.

* A MAY 1986 REPORT ON STATE SOURCES AND SERVICES RELATED TO ALCOHOL AND DRUG ABUSE PROBLEMS, PREPARED BY THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS, INDICATED THAT A TOTAL OF 305,360 DRUG CLIENT ADMISSIONS WERE REPORTED BY 46 STATES, THE DISTRICT OF COLUMBIA, GUAM, AND PUERTO RICO. ADMISSIONS INCREASED BY 5.6 PERCENT BETWEEN FY 1984 AND FY 1985.

* THIS REPORT ALSO INDICATES THAT IN FY 1985, $1.3 BILLION WAS SPENT FOR DRUG AND ALCOHOL ABUSE TREATMENT AND PREVENTION SERVICES IN THE UNITED STATES.

* NEW YORK REPORTS THAT BETWEEN 1983 AND 1984 THERE WAS A 63 PERCENT INCREASE IN ADMISSIONS, WHERE COCAINE WAS THE PRIMARY DRUG OF ABUSE, TO STATE FUNDED TREATMENT FACILITIES IN NEW YORK CITY. THE TREND CONTINUED IN 1985 WITH AN ADDITIONAL 36 PERCENT INCREASE. THIS IS AT A TIME WHEN TREATMENT PROGRAMS ARE AT CAPACITY OR ABOVE.

WHAT HAS THE FEDERAL GOVERNMENT DONE TO ADDRESS THIS NATIONAL PROBLEM? AND WHAT RESOURCES HAVE WE PROVIDED TO DEAL WITH THE PROBLEM?

MY ASSESSMENT IS WE DO TOO LITTLE. HOW INADEQUATE OUR RESOURCE COMMITMENT HAS BEEN BECOMES VERY CLEAR, WHEN THE RESOURCES PROVIDED ARE COMPARED WITH THE INCREASED QUANTITIES OF DRUGS COMING INTO THE COUNTRY, THE GROWING NUMBERS OF DRUG-RELATED HOSPITAL EMERGENCIES AND DEATHS, AND THE RISING NUMBER OF INDIVIDUALS IN NEED OF TREATMENT.

* THE COMMITTEE HAS BEEN TOLD BY REPRESENTATIVES OF THE STATE DEPARTMENT THAT DRUG ERADICATION IS A TOP PRIORITY. YET, WE FIND THAT ONLY IN MEXICO IS THERE AN ORGANIZED FULL-SCALE PROGRAM UNDERWAY AND THIS PROGRAM HAS FALTERED BADLY SINCE 1982, ACCORDING TO THE STATE DEPARTMENT.

* IN 1985, FEDERAL AUTHORITIES SEIZED 447 KILOS OF HEROIN, 18 TONS OF COCAINE, AND 1,085 TONS OF MARIJUANA.

* YET, DRUGS CONTINUE TO FLOOD THE COUNTRY. THEY ARE COMING IN FROM THE LAND, SEA, AND AIR. MUCH OF THE TRAFFIC COMES THROUGH OUR OFFICIAL PORTS OF ENTRY. THE IMMENSE VOLUME OF TRAFFIC AND INADEQUATE NUMBER OF CUSTOMS AND INS PERSONNEL MAKES POSSIBLE ONLY A CURSORY INSPECTION OF VEHICLES, PEDESTRIANS, AND CARGO.

* ACCORDING TO A 1985 STUDY BY THE GENERAL ACCOUNTING OFFICE, TOTAL FEDERAL OUTLAYS FOR DRUG ABUSE PROGRAMS GREW FROM $1.11 BILLION FOR FISCAL YEAR 1981 TO $1.56 BILLION FOR FISCAL YEAR 1985. DURING THE SAME PERIOD THE RATE OF INFLATION WAS 21.6 PERCENT; THEREFORE, THE 1985 FIGURE REPRESENTS ONLY A 19 PERCENT INCREASE IN THE TOTAL ANTI-NARCOTICS BUDGET.

* SEVENTY EIGHT PERCENT OF THE 1985 FUNDING, ACCORDING TO GAO, WAS TO GO FOR LAW ENFORCEMENT AND 22 PERCENT FOR DRUG ABUSE PREVENTION AND TREATMENT PROGRAMS. DRUG ENFORCEMENT MONIES APPEARED TO INCREASE; TREATMENT AND PREVENTION MONIES DECREASED.

* THE INCREASE IN LAW ENFORCEMENT FUNDS ARE SLEIGHTS OF HAND NOT REAL INCREASES. ACCORDING TO GAO, INCREASES IN DRUG ENFORCEMENT OUTLAYS HAVE BEEN PRIMARILY DUE TO INTERNAL REPROGRAMMING BY THE AGENCIES. FOR EXAMPLE, THE U.S. CUSTOMS SERVICE AND THE U.S. COAST GUARD HAVE INCREASED MISSIONS DESIGNED TO INTERDICT DRUGS BEING SMUGGLED ALONG THE LAND AND SEA BORDERS. THE FBI HAS REPROGRAMMED FUNDS INTO THE DRUG AREA.

* REDUCTIONS IN TREATMENT MONEY ARE REAL. FEDERAL SUPPORT FOR DRUG ABUSE SERVICES HAS BEEN CUT BY MORE THAN 40 PERCENT SINCE 1980, UNDER THE BLOCK GRANT PROGRAM.

* OF THE $1.3 BILLION FOR TREATMENT AND PREVENTION IN 1985, ONLY 19.3 PERCENT OF THE TOTAL ALCOHOL AND DRUG ABUSE EXPENDITURES WAS PROVIDED BY THE FEDERAL GOVERNMENT. THE STATES PROVIDED 52.7 PERCENT; COUNTY AND LOCAL SOURCES PROVIDED 6.5 PERCENT; AND 21.6 PERCENT WAS COVERED BY OTHER SOURCES INCLUDING HEALTH INSURANCE PROGRAMS, COURT FINES AND PERSONAL FUNDS.

* AT THE SAME TIME, WAITING LISTS OF SIX WEEKS TO SIX MONTHS ARE COMMONLY REPORTED BY TREATMENT CENTERS IN MAJOR CITIES.

* IN NEW YORK, FOR EXAMPLE, 1,000 PERSONS AWAIT BEDS IN RESIDENTIAL DRUG TREATMENT CENTERS.

* AS FOR EDUCATION, THIS YEAR THE DEPARTMENT OF EDUCATION HAS ALLOCATED ONLY $3 MILLION OF ITS NEARLY $18 BILLION BUDGET TO DRUG ABUSE EDUCATION.

IN CONTRAST TO THE EXTENT OF OUR NATIONAL DRUG PROBLEM, THE FEDERAL FUNDS BEING PROVIDED ARE INSUFFICIENT TO MEET THE DEMAND FOR INCREASED DIPLOMATIC INITIATIVES, INTERDICTION AND ERADICATION EFFORTS, TREATMENT PROGRAMS, AND EDUCATION AND PREVENTION ACTIVITIES. WE ARE PROVIDING RESOURCES FOR A SKIRMISH, NOT THOSE NEEDED TO WIN A WAR.

TO WIN THIS WAR, WE NEED A NATIONAL COMMITMENT TO A COMPREHENSIVE ANTI-DRUG POLICY. ON THE FEDERAL LEVEL, THIS MEANS AN ASSERTIVE FOREIGN POLICY WHICH PROMOTES THE ERADICATION OF DRUGS IN SOURCE COUNTRIES AND AGGRESSIVE DRUG ENFORCEMENT TO HALT THE FLOW OF NARCOTICS ACROSS OUR BORDERS. ON THE STATE AND LOCAL LEVELS, THE FEDERAL GOVERNMENT MUST PROVIDE ASSISTANCE TO STATE AND LOCAL JURISDICTIONS TO ENSURE: ADEQUATELY FUNDED DRUG LAW ENFORCEMENT, COMPREHENSIVE SCHOOL-BASED DRUG EDUCATION (K-12), PREVENTION PROGRAMS, AND TREATMENT FOR ALL WHO NEED IT.

AS CHAIRMAN OF THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL, I HAVE TRIED TO PROMOTE A COMPREHENSIVE NATIONAL ANTI-DRUG POLICY BY INTRODUCING OR COSPONSORING LEGISLATION, WHICH, TAKEN TOGETHER, WOULD CONSTITUTE SUCH A POLICY. PASSAGE OF A SINGLE COMPREHENSIVE BILL SEEMED AN UNATTAINABLE OBJECTIVE.

ON SEPTEMBER 11, 1986, HOWEVER, THE HOUSE OF REPRESENTATIVES PASSED A BILL THAT WOULD ESTABLISH SUCH A COMPREHENSIVE NATIONAL ANTI-DRUG POLICY. THAT BILL IS H.R. 5484, THE "OMNIBUS DRUG ENFORCEMENT, EDUCATION, AND CONTROL ACT OF 1986."

MUCH OF THE CREDIT FOR PASSAGE OF H.R. 5484 GOES SPEAKER O'NEILL AND MAJORITY LEADER JIM WRIGHT. THEY PROVIDED THE LEADERSHIP AND DIRECTION WHICH ENABLED ALL THE HOUSE COMMITTEES WITH JURISDICTION OVER THE VARIOUS COMPONENTS OF DRUG POLICY

-- FOREIGN AFFAIRS, CRIMINAL JUSTICE, HEALTH CARE, EDUCATION, INDIAN AFFAIRS -- TO CREATE A SINGLE COMPREHENSIVE PIECE OF LEGISLATION.

H.R. 5484 PASSED WITH BIPARTISAN SUPPORT. MR. MICHEL PROVIDED THE LEADERSHIP ON THE REPUBLICAN SIDE OF THE HOUSE. THE FINAL VOTE WAS 392 TO 16.

H.R. 5484 PROVIDES FOR:

- THE USE OUR TRADE POLICY AS AN INCENTIVE, AS WELL AS A SANCTION, IN OUR DEALINGS WITH DRUG PRODUCING COUNTRIES. THIS WOULD ENHANCE OUR DRUG ERADICATION EFFORTS IN SOURCE COUNTRIES.

- THE ESTABLISHMENT OF A RADAR NETWORK ON OUR SOUTHWEST BORDER TO TRACK AND INTERCEPT DRUG TRAFFICKERS. THE RESOURCES AND AUTHORITY OF THE CUSTOMS SERVICE AND THE COAST GUARD TO PERFORM DRUG INTERDICTION WOULD BE SIGNIFICANTLY INCREASED.

- BRINGING THE MILITARY INTO A MORE AGGRESSIVE ROLE IN DRUG INTERDICTION.

- AN INCREASE IN CRIMINAL PENALTIES FOR DRUG TRAFFICKING

AND DEALING. THIS INCLUDES MANDATORY MINIMUM SENTENCES, TOUGH NEW SANCTIONS ON MONEY LAUNDERING, AND A BAN ON DESIGNER DRUGS.

- THE INCREASED AVAILABILITY OF DRUG ABUSE TREATMENT AND AGGRESSIVE NATIONAL AND COMMUNITY-BASED PREVENTION EFFORTS.

- THE FORMATION OF A PARTNERSHIP WITH THE STATES AND LOCAL SCHOOL DISTRICTS IN ORDER TO PROVIDE COMPREHENSIVE DRUG EDUCATION PROGRAMS IN AMERICA'S SCHOOLS.

THIS WEEK THE SENATE ACTED. THEY PASSED THEIR OMNIBUS DRUG BILL. THERE ARE DIFFERENCES BETWEEN THE HOUSE AND SENATE BILLS.

THE MOST SIGNIFICANT AREA OF DIFFERENCE BETWEEN THE HOUSE AND SENATE BILLS IS THE LEVEL OF FUNDING. THE HOUSE BILL WOULD AUTHORIZE APPROXIMATELY $2.2 BILLION, WHILE THE SENATE BILL WOULD AUTHORIZE ONLY $1.5 BILLION. THE SENATE BILL NOT ONLY PROVIDES LESS MONEY, BUT THERE ARE SOME DIFFERENCES BETWEEN THE HOUSE AND SENATE BILL IN HOW THE MONEY WOULD BE ALLOCATED. FOR EXAMPLE, THE HOUSE BILL BETTER ADDRESSES THE NEEDS OF STATE AND LOCAL DRUG LAW ENFORCEMENT BY PROVIDING $625 MILLION FOR GRANTS, WHILE THE SENATE PROVIDES ONLY $115 MILLION.

THE HOUSE BILL ALSO INCLUDES SEVERAL UNDESIRABLE AMENDMENTS WHICH THE SENATE BILL DOES NOT -- THE DEATH PENALITY, WEAKENING OF THE EXCLUSIONARY RULE, AND USE OF THE MILITARY.

THE DIFFERENCES BETWEEN THE TWO BILLS WILL REQUIRE A CONFERENCE OF HOUSE AND SENATE MEMBERS IN ORDER TO ARRIVE AT A COMPROMISE THAT IS ACCEPTABLE TO BOTH HOUSE AND SENATE MEMBERS. ALTHOUGH THIS PROCESS MAY SEEM CUMBERSOME, IT IS THE ESSENCE OF THE LEGISLATIVE PROCESS AND OFFERS THE OPPORTUNITY FOR US TO COME UP WITH THE BEST POSSIBLE LEGISLATION.

AFTER THE HOUSE AND SENATE REACH A COMPROMISE, THE PRESIDENT MUST STILL SIGN THE LEGISLATION FOR IT TO BECOME LAW. AGAIN, THERE IS A DIFFERENCE OF OPINION AS TO HOW MUCH THE NATION CAN AFFORD FOR A WAR ON DRUGS.

I STRONGLY BELIEVE THAT COST MUST NOT BE THE PRIMARY ISSUE. RATHER, WE MUST PROVIDE WHAT IS NEEDED TO WIN THE WAR. THE MONEY WE SAVE NOW BY ACCEPTING A LESS EXPENSIVE PROPOSAL, MAY IN ACTUALITY REQUIRE US TO PAY MORE IN THE LONG RUN. THE WAR ON DRUGS IS CLEARLY AN INSTANCE WHERE "PENNY WISE IS POUND FOOLISH."

ENACTING A COMPREHENSIVE NARCOTICS BILL AND COMMITTING THE REQUISITE RESOURCES ARE THE FIRST STEPS NEEDED TO TAKE THE OFFENSIVE IN THE WAR ON DRUGS. THEN, WHAT WE WILL NEED TO WIN IS A COMMITMENT TO WORK TOGETHER -- FEDERAL, STATE, AND LOCAL GOVERNMENTS, AND THE PRIVATE SECTOR. EACH MUCH DO WHAT IS APPROPRIATE AND WHAT THEY ARE BEST ABLE TO DO. WE CAN WIN THE WAR; WE MUST WIN THE WAR. OUR NATION'S FUTURE DEPENDS ON OUR TAKING THE OFFENSIVE AGAINST DRUG TRAFFICKING AND ABUSE -- NOW.

TESTIMONY
DEPUTY ASSISTANT SECRETARY MARK DION
BUREAU OF INTERNATIONAL NARCOTICS MATTERS
to
THE CONGRESSIONAL BLACK CAUCUS
October 3, 1986

CHAIRMAN RANGEL, LADIES AND GENTLEMEN:

Let me begin by saying how valuable we believe your annual caucus is to the overall national drug campaign, because you bring together Federal, State and local decisionmakers to confer on a problem of high importance to every aspect of our society and every unit of our government.

For those in your audience who are not familiar with our Bureau, let me say briefly that we are the policymaking agency for the government's international narcotics control effort. We set the guidelines and conduct the diplomatic negotiations for agreements between our government and the governments of narcotics source and transit nations on crop control, interdiction and other narcotics enforcement. We are also a program bureau, with operations in some twelve countries, where we provide funds for projects to eradicate narcotics crops and conduct seizure operations.

Given the complexity of the overseas challenge, all of the Administration's objectives cannot be achieved through our bureau alone. INM works closely with DEA and other elements of the Department of Justice, as well as Customs, the Coast Guard, the Department of Defense, the Agency for International Development, and the intelligence community. Together we design, develop and operate programs overseas as well as evaluate results.

We have several tools you should know about. First is the U.S. Government's diplomatic leverage with other countries. The second tool is the money and commodities we provide these governments to carry out their anti-narcotics programs. Other tools are also quite effective, such as overall economic assistance and development programs. The demonstrated willingness of our Congress to cut off foreign assistance to countries that refuse to cooperate on drug control is crucial. Fact-finding tours made by Congressional committees are also important to our efforts. Several key Congressmen are prepared to inform foreign officials that there is a tight link between drug enforcement cooperation and Congressional willingness to approve foreign aid. Congressman Rangel, as the chairman of the Select Committee on Narcotics Abuse and Control, has been a leader for many years of a strong Congressional oversight of narcotics control programs.

With that background, let me discuss the state of play in international narcotics production and trafficking.

The Narcotics Problem: Review of Progress

The highest U.S.G. priority is reducing drug production. In 1981, only two countries were eradicating illicit narcotic crops. In 1985, eradication programs were underway in 14 producing countries. We are moving closer to our objective of having effective eradication campaigns operating simultaneously in all key growing sectors. The 1987 INM budget includes a substantial increase in funds for eradication. More funding for enforcement is also projected to enhance crop reduction or reduce the supply of illicit narcotics and precursor chemicals.

Many 1985 objectives were met, even exceeded. Much more needs to be done this year. And we are reaching for far larger objectives in 1987. The gains are real but the problem is still vast. Prospects for advancement in 1986 and 1987 are good. But I stress that in most respects the problem is grave. Drug abuse has spread within many drug producing and trafficking countries, keeping production at high levels, and narcotics trafficking organizations in some countries are so powerful that they pose a security threat to the legitimate government. Narcotics-related violence is on the increase. Realization of the threat of addiction and governmental instability is growing. Many of our hopes ride on that change in public and governmental attitudes. More and more nations realize that narcotics trafficking is a clear and present danger, that they too stand in harm's way, and that common

self-defense is essential. With that realization, we are finally beginning to work together as an international community.

The 1986-87 Agenda

The Administration has requested $65.4 million for the international narcotics program for FY 1987, a level that is essential to support the needed expansion of eradication and enforcement programs. Our budget request for FY 1988 is for $100 million and funding in 1987 could increase further. That represents a tripling of the budget for international narcotics control under this Administration.

A precedent-setting control program in Colombia has led efforts in Latin America and the Caribbean to destroy marijuana crops. We estimate that marijuana production totals for 1986 will continue the decline of recent years. Aerial surveys confirm that the 1985 crop in Colombia's traditional northern growing areas was 85 percent smaller than in 1983. In 1986, Colombia will take the eradication effort into other areas where traffickers are working to offset heavy losses by developing new sources of supply.

Several other countries are working hard to contain the drug threat. Ecuador collaborated with Colombia on a joint coca eradication effort along their common border. Ecuador's government is intensifying both eradication and interdiction programs in 1986. With U.S. assistance, Brazil initiated

operations to destroy both coca and marijuana crops and carried out important seizures of drugs. Brazil is also intensifying its efforts to interdict shipments of precursor chemicals used in cocaine refining.

Like Colombia, Panama and Belize conducted aerial spraying against marijuana, using INM-supplied herbicides, in 1985 and 1986. As a result, Panamanian production of marijuana dropped so sharply that authorities think aerial spraying is no longer required. Jamaica initiated a long-needed manual eradication campaign to destroy both spring and fall marijuana crops in 1985, resulting in gains that have been confirmed by aerial surveys. Brazil, Costa Rica and Guatemala have also destroyed marijuana plantations.

Manual eradication of the coca bush could be a thing of the past. In 1985, Colombia succeeded in identifying chemicals which appear to meet the criteria of being environmentally safe while effectively destroying the hardy coca bush. Expanded testing is proceeding with both backpack and aerial applications. We hope it will lead to a method that affords large-scale elimination of illicit coca cultivation. If it succeeds in Colombia, it could work in other coca cultivation areas as well.

Colombia remains the major refining source country for cocaine. Bolivia and Peru remain the major sources of coca leaf. Cocaine refining sites are shifting somewhat because of Bolivia and Colombia's campaigns against cocaine labs and improved ways of controlling the flow of refining chemicals.

The supply of coca leaf must be reduced. New elected governments in Bolivia and Peru declared their intentions in 1985 to attack the drug production problem. Perhaps the most dramatic demonstration of Bolivia's intent is the major operation called Blast Furnace to suppress cocaine refining and trafficking. As Ambassador Rowell told Congress last week, drug manufacturing has largely halted in the Beni area of Bolivia. Thanks to Blast Furnace, the price of coca leaf has fallen to an all-time low. Our Embassy in La Paz reports that more farmers are requesting assistance in cultivating alternative crops. This may be the first steps away from Bolivian farmers' economic dependence on the coca trade -- a change that is essential if eradication is to succeed. Traffickers have learned they can no longer count on Bolivia as a safehaven. In fact, the raids are achieving the primary goal of stopping the spread of cocaine refining.

Bolivia must complete planning for both voluntary and involuntary phases of its eradication campaign; it needs to bring a substantial portion of its illicit coca acreage under control; and eradication must take place where necessary, enhanced by alternative development opportunities where appropriate. Its government recognizes that continued U.S. assistance is dependent in part on achieving the eradication targets in the new agreement now being negotiated with the United States.

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The lawlessness in Peru's Upper Huallaga Valley continues, proving again that narcotics production breeds violence. The battle against terrorism and drug trafficking is a high priority for the Government of Peru. Economic and military assistance for Peru in 1987 are dependent in part on the development and implementation of a comprehensive strategy for coca control. The strategic task in 1986 and 1987 is to extend the coca eradication campaign into additional growing areas of the Upper Huallaga Valley. Coca eradication in the Valley doubled in 1985, but new areas of growing are nearly inaccessible and the pace of manual eradication may be difficult to sustain.

Increased production of heroin and marijuana in Mexico, both on a downward trend for several years through the 1970s and early 1980s thanks to effective aerial eradication, was a major setback in 1985. In contrast, several other countries, despite great burdens, met or even exceeded crop control expectations. President Reagan and President de la Madrid, Secretary of State Shultz and Foreign Secretary Sepulveda, and Attorneys General Meese and Garcia, have met repeatedly in the last year: the United States and Mexico have pledged to work closely together to revive the narcotics control program. The United States is emphasizing the high priority it attaches to reducing the flow of heroin and marijuana from Mexico, as well as the high priority it attaches to effective action against the drug kingpins responsible for the death of DEA Agent Camarena.

The United States and Mexico are collaborating in an intensive spraying program against opium poppy right now. Mexico has agreed to let the U.S.G. bring in six turbo Thrush aircraft, and combine them with three of Mexico's high capacity Bell 212 helicopters, in an effort to eliminate as much as two-thirds of the fall poppy crop before it is harvested. The U.S.G has assisted the Mexicans in improving this program in 1986, including refinements in the spraying delivery system. Together with the Vanguard verification program, in which DEA agents ride with Mexican officials to confirm fields destroyed, these improvements hold out hopes for restoring the effectiveness of this once highly sucessful program. Other serious problems remain in Mexico: The low volume of drug seizures, arrests and prosecutions have long stood in contrast with the measurable effectiveness of the eradication program. The U.S.G. seeks a strong across-the-board effort at Mexican drug law enforcement.

In 1986 INM purchased additional aircraft to launch a special Latin American regional enforcement program. A small regional air wing, based in Colombia, offers the possibility of law enforcement lift capability throughout the Andean coca growing region. Future regional interdiction operations may be conducted by the air wing, funded by INM, or with the assistance of DEA or other U.S.G. aircraft.

This air wing is but one aspect of the trend toward regional approaches to narcotics control. Cross-border operations have involved Colombia with Peru, Peru with Ecuador, and Colombia with Ecuador, and Bolivia with several neighboring countries. A major OAS conference on drugs was held in Rio in April and the Andean nations signed the Lara Bonilla Treaty pledging regional anti-drug cooperation in the same month.

The U.S.G. is also helping to curb overseas demand, which keeps production at high levels. AID, USIA and INM have worked successfully on public awareness and prevention campaigns in Asia and Latin America.

In Southeast Asia, Burma carried out a major aerial spraying effort in the first quarter of 1986. It still produces more illicit opium than any other country. Thailand also undertook a sizeable army-run manual eradication effort. Both governments are enhancing their efforts to seize control of the border from traffickers, to destroy heroin laboratories, and to interdict shipments of precursor chemicals and finished opium products.

I returned last weekend from a trip to India, Nepal and Pakistan. We held working group meetings on narcotics with senior officials in Islamabad and New Delhi. In Kathmandu, there was a regional symposium on narcotics control for senior embassy officers from all over the Indian subcontinent. We are concerned at growing trafficking in the region. We are

particularly concerned about a sharp increase in opium poppy cultivation in Pakistan this year and want to work with the GOP to ensure the country returns to earlier declining levels of production. In the spring of 1986, opium tonnage reached a new range of 100-150 metric tons -- more than double the 1985 figures. Higher prices, good weather and increased local heroin use were all responsible but a reduction in the Pakistani government's enforcement program in the key Gadoon district unfortunately coincided with an expansion of opium cultivation in remote tribal areas such as Bajaur and Mohmand.

The United States and Pakistan agreed at a special meeting of the bilateral narcotics working group in June that the ban on opium cultivation would be effectively enforced in the Gadoon district, where AID has a major development project, as well as in other areas encompassed by the Special Development and Enforcement Project managed by the United Nations. These undertakings were reiterated at our working group session last week. The Pakistanis also undertook to enforce the ban in those portions of the tribal areas where tube wells are being installed.

India is increasingly important as a conduit for opium and heroin from both Southwest and Southeast Asia going to Europe and the U.S. It also produces precursor chemicals that are being diverted to the Golden Triangle. We had a good exchange with the Indian authorities during the first working group session last week and are encouraged by their strong commitment to control drug production and trafficking.

Turkey continues to sustain one of the most successful efforts at controlling illegal diversion of its large licit opium poppy production. Long a natural route for smugglers of every stripe as the landbridge between Asia and Europe, Turkey continues to be a transit state for heroin from Southwest Asia, some of which is being refined in remote and inaccessible Turkish labs.

Neighboring nations must find ways of curbing the flow of opium and heroin out of Afghanistan and suppressing the numerous heroin labs operating along the Afghan borders. As in Iran and Laos, where our access is limited, reports of increased opium and heroin production there are of grave concern.

The Link Between Assistance and Narcotics Control

Let me close by discussing the link between U.S. economic assistance and narcotics control.

Of the 18 countries that are the primary sources of illicit narcotics entering the United States, fifteen receive some form of U.S. economic, military or narcotics control assistance. Fourteen of the fifteen conducted eradication programs in 1985; the other, Morocco, relies on interdiction to control hashish production. The remaining three -- Iran, Afghanistan and Laos -- are, of course, politically inaccessible to us.

Security assistance levels are significant in 11 of the 14 countries. Narcotics assistance constituted all of our assistance ($700,000) to Brazil and 98 percent of our $10.3 million program in Mexico, while Venezuela's total assistance was only $100,000 in military training funds.

Beyond these source countries, other nations are important transit points for illicit narcotics shipments to the United States, such as India, Malaysia, the Bahamas, Lebanon and Turkey. Of these, all but the Bahamas receive some economic or military assistance.

There are both direct and indirect links between U.S. assistance and narcotics control.

The countries in which narcotics control and development assistance objectives have been most closely linked are Peru, Bolivia and Pakistan. In each country, AID and INM have agreed on target areas, and development assistance is conditioned on achieving specific narcotics control objectives. For example, much of the development assistance intended for the Chapare region of Bolivia, the primary growing area for coca destined to become cocaine, has not been spent since 1983 because its release is contingent upon Bolivia complying with conditions of its 1983 agreement with the United States.

Various types of indirect links exist between control and development assistance, such as the poppy clauses used in Pakistan and Thailand. These clauses commit the governments to

keeping specific development areas free of narcotics, especially areas not traditionally narcotics producers. In the only instance that new opium poppy was discovered in an area of Pakistan which was under a poppy clause, the government destroyed the crop.

AID and INM emphasize development assistance, rather than crop substitution, to control narcotics. That change in policy reflects the discovery that substitution programs allowed farmers to grow new crops without abandoning opium poppy.

Despite setbacks 1986, when Pakistan's production rose sharply in response to greatly increased demand and higher prices within the region, it still appears that the model developed by INM in Pakistan works there and will work elsewhere. Specific kinds of development assistance in selected areas are conditioned on assurances -- backed up by demonstrable enforcement -- that illicit narcotics crops will not be allowed to grow. Thailand has a program in which development assistance is conditioned upon entire villages agreeing to keep their lands free of poppy. Since 1984, that program has steadily progressed -- boosted in 1985 and 1986 by the Thai Army's aggressive new eradication program.

I have referred so far only to assistance that is directly or indirectly linked to narcotics control through one or more types of agreements. Other types of assistance are not tied to control, such as most military assistance, and economic

assistance to non-growing areas. Nevertheless, the government of every source and transit nation is fully aware of the conditions imposed in Public Law 98-164. Without exception, these governments know they could lose all U.S. assistance for failing to take adequate steps to cooperate with the U.S.G. on narcotics control. This message was solidly reinforced by President Reagan in announcing his new drug initiative.

Conclusion

In conclusion, the task remains the same as in earlier years: the grower-to-user narcotics chain stretching across five continents must be broken through a comprehensive program of international control. Pressure must be applied at all points in the chain -- through crop control; through increased seizures of both drug products and financial assets; through intensified investigation and prosecution of traffickers; and through effective treatment and prevention of drug abuse.

TREASURY NEWS
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STATEMENT OF THE HONORABLE FRANCIS A. KEATING, II
ASSISTANT SECRETARY FOR ENFORCEMENT
U.S. DEPARTMENT OF THE TREASURY
BEFORE THE SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
OCTOBER 3, 1986

THE TREASURY DEPARTMENT'S CONTRIBUTION TO THE BATTLE AGAINST DRUGS AND DRUG-RELATED CRIME

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM PLEASED TO APPEAR BEFORE YOU TODAY TO DISCUSS THE TREASURY DEPARTMENT'S ROLE IN THE BATTLE AGAINST DRUGS AND DRUG-RELATED CRIME. IN MY TESTIMONY TODAY, I WILL SUMMARIZE BRIEFLY OUR PROGRESS TO DATE. I WILL HIGHLIGHT OUR RECENT INITIATIVES AND COMMENT ON OUR GOALS FOR THE FUTURE.

THE BATTLE AGAINST ILLEGAL DRUGS IS AT THE FOREFRONT OF THE ENFORCEMENT PRIORITIES OF THE TREASURY DEPARTMENT. THIS DEPARTMENT HAS PLAYED KEY ROLES IN MANY OF THE INTERAGENCY ENFORCEMENT INITIATIVES THAT THIS ADMINISTRATION, TOGETHER WITH THE CONGRESS, HAVE PLANNED AND UNDERTAKEN TO ADDRESS OUR COUNTRY'S DRUG PROBLEM. TREASURY WILL CONTINUE TO GIVE THESE PROGRAMS ITS FULLEST SUPPORT.

AS YOU KNOW, MR. CHAIRMAN, WE ARE NOW IN THE MIDST OF A TRANSITION IN FEDERAL DRUG ENFORCEMENT EFFORTS. PRESIDENT REAGAN HAS LAUNCHED A MAJOR SIX-POINT PROGRAM TO LEAD AMERICA IN BECOMING A DRUG-FREE SOCIETY. THE CONGRESS HAS BEFORE IT LANDMARK LEGISLATION TO BOLSTER DRUG ENFORCEMENT AND FIGHT THE DEVASTATING PROBLEM OF DRUG ABUSE. THE AGENCIES WITH MAJOR DRUG INTERDICTION AND DRUG ENFORCEMENT RESPONSIBILITIES HAVE COLLABORATED ON A SUBSTANTIAL INITIATIVE TO COUNTER DRUG TRAFFICKING ACROSS OUR COUNTRY'S SOUTHWEST BORDER.

BEFORE DISCUSSING IN MORE DETAIL HOW THESE RECENT EVENTS INVOLVE THE TREASURY DEPARTMENT AND ITS BUREAUS, I WOULD LIKE TO SUMMARIZE BRIEFLY HOW TREASURY'S ROLE HAS EVOLVED THROUGH THE DRUG ENFORCEMENT INITIATIVES OF THE LAST FIVE YEARS.

THIS DEPARTMENT, THROUGH THE U.S. CUSTOMS SERVICE, THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS, AND THE INTERNAL REVENUE SERVICE, HAS CONTRIBUTED PLANNING, RESOURCES AND EXPERTISE TO PRESIDENT REAGAN'S MAJOR DRUG ENFORCEMENT PROGRAMS. OUR INTERAGENCY EFFORTS FIRST CAME TOGETHER IN THE SOUTH FLORIDA TASK FORCE, UNDER WHICH FEDERAL AGENTS JOINED FORCES WITH STATE AND LOCAL LAW ENFORCEMENT TO RESPOND TO A CRISIS IN THE MIAMI AREA CAUSED BY DRUG

TRAFFICKERS AND THE VIOLENT CRIME THAT THEY BROUGHT WITH THEM. GREATLY CONTRIBUTING TO THE TASK FORCE'S SUCCESS WAS THE SUPPORT OF THE MILITARY, WHICH WAS MADE POSSIBLE THROUGH A 1981 AMENDMENT TO THE POSSE COMITATUS ACT.

THIS ADMINISTRATION, WITH THE HELP AND SUPPORT OF THE CONGRESS, EXPANDED THE SOUTH FLORIDA TASK FORCE CONCEPT IN ESTABLISHING THE ORGANIZED CRIME DRUG ENFORCEMENT, OR "OCDE," TASK FORCES AND THE NATIONAL NARCOTICS BORDER INTERDICTION SYSTEM, OR "NNBIS".

THROUGH THE EXPANDED TASK FORCES, IRS AND CUSTOMS HAVE CONTINUED TO INVESTIGATE THE FINANCIAL UNDERPINNINGS OF DRUG TRAFFICKING ORGANIZATIONS SO THAT CRIMINAL CONSPIRACIES CAN BE UNCOVERED AND ASSETS CAN BE SEIZED. ATF HAS MADE A VALUABLE AND LASTING CONTRIBUTION BY INVESTIGATING THE FIREARMS TRAFFICKING THAT GOES HAND-IN-HAND WITH THE DRUG TRADE AND ITS ENDEMIC VIOLENCE.

THE NEXT STEP IN OUR PROGRESS WAS THE DEVELOPMENT AND PASSAGE OF THE COMPREHENSIVE CRIME CONTROL ACT OF 1984, WHICH PROVIDED BADLY-NEEDED IMPROVEMENTS TO OUR CRIMINAL LAWS, INCLUDING THOSE PERTAINING TO DRUG OFFENSES.

TAKEN TOGETHER, MR. CHAIRMAN, THESE INITIATIVES REPRESENT SUBSTANTIAL PROGRESS. ONE OF THEM ALONE, THE OCDE TASK FORCE PROGRAM, HAS PRODUCED 1481 NEW HIGH-LEVEL DRUG CASES AND RESULTED IN THE INDICTMENT OF 10,957 INDIVIDUALS. WE HAVE MADE GREAT STRIDES IN INTERDICTION, IN FINANCIAL INVESTIGATIONS, AND IN SEIZURES AND FORFEITURES. WHILE WE RECOGNIZE THIS PROGRESS, WE MUST ALSO CONFRONT THE FACT THAT WE ARE FAR FROM SOLVING OUR COUNTRY'S DRUG PROBLEM. DRUGS CONTINUE TO POISON AND THREATEN OUR YOUTH, BREED CRIME AND VIOLENCE, REDUCE PRODUCTIVITY AS WELL AS CREATE HEALTH AND SAFETY RISKS IN THE WORKPLACE, AND CORRUPT JUSTICE. AS PRESIDENT REAGAN HAS POINTED OUT, AS A SOCIETY WE CAN AND MUST DO MORE TO FIGHT THE SCOURGE OF ILLEGAL DRUGS AND THE MORAL DECAY THAT THEY FOSTER.

SIX MONTHS AGO, AFTER RETURNING FROM A TRIP TO SOUTHEAST ASIA WITH THE ATTORNEY GENERAL, ON WHICH WE EXPLORED A NUMBER OF ISSUES INVOLVING INTERNATIONAL NARCOTICS TRAFFICKING, I BECAME AWARE OF NEW DATA SHOWING AN INCREASE IN COCAINE TRAFFICKING ACROSS OUR SOUTHWEST BORDER. THIS CONFIRMED OUR SUSPICIONS THAT SOME DRUG SMUGGLING OPERATIONS HAD BEEN DIVERTED FROM MORE TRADITIONAL ROUTES THROUGH THE SOUTHEAST. IN RESPONSE TO THE PROBLEM, I APPROACHED THE JUSTICE DEPARTMENT WITH A PLAN TO DEPLOY AND COORDINATE OUR RESOURCES IN THE SOUTHWEST BORDER REGION IN AN EFFORT TO ADDRESS THIS SERIOUS SITUATION.

THE RESULT OF OUR WORK IS OPERATION ALLIANCE. "ALLIANCE" IS MORE THAN THE NAME FOR THIS INITIATIVE; IT IS ALSO THE OVERRIDING CONCEPT. ALLIANCE REPRESENTS THE JOINT COOPERATION AND COORDINATION OF DEA, U.S. CUSTOMS, INS, THE FBI, THE COAST GUARD, THE DEFENSE DEPARTMENT, ATF, AND IRS. IT ALSO REPRESENTS THE COOPERATION OF EACH OF THESE FEDERAL AGENCIES WITH THEIR COUNTERPARTS ON THE STATE AND LOCAL LEVELS.

WE BEGAN THE PLANNING FOR ALLIANCE AFTER ATTORNEY GENERAL MEESE APPOINTED ME AS CHAIRMAN OF THE SOUTHWEST BORDER SUBCOMMITTEE TO THE NATIONAL DRUG ENFORCEMENT POLICY BOARD LAST APRIL. MY CO-CHAIRMEN ARE DEA DIRECTOR JACK LAWN AND INS COMMISSIONER AL NELSON. THE THREE OF US PROVIDE CONTINUING DIRECTION AND HIGH-LEVEL COORDINATION. IN THE FIELD, OPERATIONS ARE UNDER THE CONTROL OF A JOINT COMMAND GROUP HEADED BY THE REGIONAL CUSTOMS COMMISSIONER, WHO ALSO SERVES AS THE NNBIS REGIONAL COORDINATOR. THE JOINT COMMAND GROUP INCLUDES HIGH-LEVEL REPRESENTATIVES FROM DEA AND INS. IT ALSO INCLUDES STATE COORDINATORS FROM THE SOUTHWEST BORDER STATES AND REPRESENTATIVES FROM THE FBI AND THE COAST GUARD.

OPERATIONALLY, U.S. CUSTOMS IS THE LEAD AGENCY AT PORTS OF ENTRY, WITH SUPPORT FROM INS. BETWEEN PORTS OF ENTRY, THE INS BORDER PATROL IS THE LEAD AGENCY AND IS SUPPORTED BY CUSTOMS THROUGH MOBILE STRIKE FORCES. DEA AND FBI LEAD THE INVESTIGATIVE AND INTELLIGENCE FUNCTIONS, WITH SUPPORT FROM CUSTOMS OFFICERS, WHO HAVE BEEN CROSS-DESIGNATED WITH INVESTIGATIVE AUTHORITY FROM DEA. AT SEA, THE COAST GUARD EXERCISES LEAD ENFORCEMENT RESPONSIBILITY IN INTERNATIONAL WATERS. CUSTOMS PERFORMS THIS ROLE WITHIN THE TWELVE-MILE LIMIT, AND CUSTOMS AND THE COAST GUARD PARTICIPATE IN JOINT OPERATIONS.

TO GET ALLIANCE UNDERWAY, THE PARTICIPATING AGENCIES HAVE CONTRIBUTED SUBSTANTIAL RESOURCES. CUSTOMS HAS ADDED 384 OFFICERS, INCLUDING AGENTS AND INSPECTORS, AND HAS DEPLOYED DETECTOR DOGS TEAMS AS WELL. THE NEW CUSTOMS PERSONNEL ARE IN ADDITION TO 100 OFFICERS COMMITTED TO THE BORDER REGION LAST YEAR. THE FBI HAS ADDED 75 AGENTS, AND IRS HAS CONTRIBUTED 100 AGENTS AND SUPPORT PERSONNEL. ADDITIONALLY, DEA HAS CREATED A SOUTHWEST BORDER INTELLIGENCE TASK FORCE.

TO AUGMENT AND SUPPORT THIS DEPLOYMENT, THE ADMINISTRATION HAS PROPOSED A $400 MILLION ENHANCEMENT FOR THE SOUTHWEST BORDER, INCLUDING 5 AEROSTATS, 4 E2C SOPHISTICATED RADAR AIRCRAFT, 6 AIR FORCE HELICOPTERS, VOICE PRIVACY RADIOS, AN INTELLIGENCE AND COMMAND-AND-CONTROL CENTER, ADDITIONAL DEA AGENTS, AND 60 ADDITIONAL FEDERAL PROSECUTORS.

ALLIANCE BECAME OPERATIONAL ON JULY 1, WITH TWENTY SPECIAL OPERATION PLANS FOR AIR, LAND, AND SEA INTERDICTION. NNBIS IS FULFILLING A COORDINATING FUNCTION IN APPLYING MILITARY RESOURCES AND IN REFINING THE OPERATION PLANS. WHILE IT IS TOO EARLY TO QUANTIFY THE EFFECT OF ALLIANCE, WE ARE SEEING RESULTS AND FULLY EXPECT TO SEE MORE OF THEM. WE ARE APPLYING THE LESSONS LEARNED IN SOUTH FLORIDA, AND IT IS NO EXAGGERATION TO SAY THAT OUR LEVEL OF COOPERATION AND COORDINATION IS AT AN ALL-TIME HIGH.

MR. CHAIRMAN, THIS ADMINISTRATION IS DEEPLY COMMITTED TO THE SUCCESS OF OPERATION ALLIANCE AND TO ENHANCING THE EFFECTIVENESS OF DRUG ENFORCEMENT. BUT WE ALSO RECOGNIZE THAT INTERDICTION OPERATIONS AND DRUG INVESTIGATIONS, NO MATTER HOW NUMEROUS OR SUCCESSFUL, ARE NOT AND CANNOT BE THE ENTIRE SOLUTION TO A DRUG PROBLEM THAT HAS GROWN TO STAGGERING PROPORTIONS.

IT IS RECOGNITION OF THIS FACT THAT HAS PROMPTED THIS ADMINISTRATION, AND ALSO THE CONGRESS, TO PROPOSE NEW ACTIONS TO ENABLE US TO FIGHT THE DRUG MENACE TOGETHER, AS A SOCIETY. WE KNOW THAT THE SERIOUSNESS OF THE DRUG PROBLEM CALLS FOR A RENEWED COMMITMENT, NEW APPROACHES, AND ADDITIONAL RESOURCES, EVEN IN THESE TIMES OF BUDGET RESTRAINTS.

PRESIDENT REAGAN AND THE CONGRESS HAVE ADDRESSED THIS NEED IN COMPREHENSIVE LEGISLATION. THE PRESIDENT'S PROPOSAL, SUBMITTED TO THE CONGRESS ON SEPTEMBER 15, JOINED ENFORCEMENT ENHANCEMENTS WITH PROGRAMS DESIGNED TO REDUCE THE DEMAND FOR ILLEGAL DRUGS, RESPOND TO THE HEALTH THREATS THAT DRUG USE POSES, PROMOTE A DRUG-FREE WORKPLACE AND DRUG-FREE SCHOOLS, AND BUILD GREATER AWARENESS CONCERNING THE HAZARDS THAT DRUGS POSE AND THE HARM THEY INFLICT ON OUR SOCIETY.

IN CONCLUSION, MR. CHAIRMAN, THE TREASURY DEPARTMENT STANDS FIRM IN ITS COMMITMENT TO FIGHTING THE DRUG MENACE WITH EVERY MEANS AT OUR DISPOSAL. WE LOOK FORWARD TO WORKING WITH THIS COMMITTEE IN DEVELOPING AND IMPLEMENTING ADDITIONAL STRATEGIES TO HELP US ATTAIN THE GOAL OF A DRUG-FREE AMERICA.

FINALLY, MR. CHAIRMAN, I WOULD LIKE TO EXPRESS OUR APPRECIATION FOR THE COMMITMENT AND THE CONCERN THAT THIS COMMITTEE HAS DEMONSTRATED IN OUR COUNTRY'S WAR AGAINST DRUGS.

THIS CONCLUDES MY PREPARED STATEMENT. I WOULD BE MOST PLEASED TO RESPOND TO ANY QUESTIONS THAT YOU AND MEMBERS OF THE COMMITTEE MAY HAVE.

STATEMENT OF STEPHEN G. OLMSTEAD

DIRECTOR

DOD TASK FORCE ON DRUG ENFORCEMENT

DEPARTMENT OF DEFENSE

BEFORE THE SELECT COMMITTEE ON NARCOTICS

ABUSE AND CONTROL

HOUSE OF REPRESENTATIVES

OCTOBER 3, 1986

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Mr. Chairman, let me begin by expressing my gratitude for the opportunity to appear before your Committee today. I have been the Director of the Department of Defense Task Force on Drug Enforcement only a short time, but am very impressed with the DoD efforts in drug enforcement.

Our proper role is to support drug law enforcement agencies with sophisticated equipment loans; to provide aerial, maritime and ground surveillance of drug trafficking personnel, vehicles, ships and aircraft; and to provide intelligence and communications to improve drug law enforcement effectiveness. While the Department of Defense support posture maintains the historical separation between civilian law enforcement and military missions as required by the Posse Comitatus Act, we endeavor to maximize assistance permitted under Public 97-86, particularly, in terms of training exercises.

Airborne surveillance is the largest area of DoD support to drug enforcement agencies. In FY 1985, over 3,000 sorties were flown amassing nearly 10,400 flight hours. This support includes many different platforms.

Navy E-2's provided 1,679 hours of aerial surveillance for the U.S. Customs Service in the Caribbean, along the Mexican border, the Gulf of Mexico, and the offshore waters of California and Florida. Frequently U.S. Marine Corps OV-10's collocated with the E-2Cs have performed complementary operational support missions.

Navy P-3s flew 4,100 hours of long-range surface surveillance tracks throughout the Caribbean and the Gulf of Mexico. S-3s flying from San Diego, California flew surveillance tracks off the coast of California and Mexico.

The Navy additionally provided 347 ship (including PHM hydrofoil) days with USCG tactical law enforcement teams (TACLETS) embarked; and the towing of drug vessels by Navy vessels permitted USCG cutters to remain on station. Three more Navy P-3As with Air Force F-15 radars were turned over to U.S. Customs Service during 1985. That is a total of four P-3As that have been transferred to Customs.

The Marine Corps, in addition to 1,279 hours of OV-10 support, provided mobile ground radar surveillance as well as anti-personnel intrusion detection.

Air Force AWACS flew 1,308 hours of radar surveillance missions many with Customs personnel onboard.

The Air Force operates two aerostat radars located at Cudjoe Key and Patrick AFB. These radars provide effective look-down capability against low-flying aircraft. Both aerostats, digitally linked to the Customs Service Miami C^3 facility and the Tyndall Region Operations Control Center (ROCC), were operational over 10,000 hours in 1985.

The Air Force also loaned over 120 Communication Encryption Devices to the Customs Service and DEA.

While on State Active Duty and/or incidental to scheduled training, the National Guard flew over 2,000 hours (primarily aerial observation) in support of civilian drug law enforcement authorities in 20 states. This compares to 14 states in 1984. During the year, National Guard aircrew reports contributed to the destruction of almost 200,000 marijuana plants with a street value of over $260M. One mission flown by the Georgia Army National Guard off the Florida coastline identified a suspect vessel which, upon close inspection

by the U.S. Coast Guard, was found to be transporting over 80,000 pounds of marijuana. As the number of participating states increases, there is a growing awareness of the National Guard ability to support drug interdiction efforts.

The Army aircraft loaned to federal civilian drug enforcement agencies included Blackhawk, Cobra and OH-6 helicopters and Mohawk fixed-wing aircraft. Additionally, the Army has offered the U.S. Customs Service the loan of six C-12 King Air aircraft; the first aircraft was delivered in late FY86 and the remaining five can be provided in early FY87.

The Army, Navy, Air Force, and Marine Corps (in addition to the Coast Guard) provided expert personnel assistance to seven National Narcotics Border Interdiction System (NNBIS) Regional or District Centers in addition to the NNBIS headquarters in Washington D.C.

Since 1983 by a joint declaration of emergency signed by the Attorney General and Secretary of Defense, the Air Force has continued its support to Operation Bahamas and Turks (OPBAT) with personnel operating and maintaining two UH-1N helicopters stationed in the Bahamas. The Air Force flew 1,228 hours in FY1985. These helicopters provided quick insertion of Bahamian law enforcement teams on drug apprehension missions. During Hat Trick II, a large-scale multi-agency operation, the U.S. Army augmented the Air Force cadre with two additional Blackhawk helicopters and aircrews with over 400 hours of flying support.

The Department of Defense has actively supported federal, state, and local drug enforcement agencies in the southwest, a region of greatly increased drug trafficking. Such assistance included aerial

surveillance and observation, transportation of state drug control officers, and joint marijuana eradication operations. During FY85 in the southwest region, the Navy flew 48 E2C and the Marine Corps flew 33 OV-10 sorties in support of Customs. Air Force AWACS provided 18 designated sorties in support of southwestern regional drug interdiction programs.

The National Guard has assumed a greater role in the Southwest since the signing of memorandums of understanding with California in 1983, Texas and New Mexico in 1984 and Arizona in 1985. These MOU's facilitate the mechanism for state and local law enforcement agencies to obtain assistance from the National Guard. For example, in 1983 California's operation CAMP utilized the National Guard in flying nearly 800 hours of flight time which contributed to the seizure and confiscation of over 218,000 lbs. of marijuana.

During the first half of FY1986, we flew over 6,000 hours of surveillance in support of drug law enforcement. This includes the Army (450 hours) and Air Force (415.4 hours) support to Operation Bahamas and Turks.

Aerial surveillance included 829.8 E-2 hours, 3,734.5 P-3 hours, 160 Air Force E-3 (AWACS) hours, and 507 Marine Corps OV-10 hours. In addition, the Navy provided 1,097 ship days with U.S. Coast Guard Tactical Law Enforcement Teams embarked.

To date, we have loaned over $140M of equipment to drug law enforcement agencies.

DoD also provided support in several additional key areas particularly, our assistance to Hat Trick II -- the largest interagency anti-narcotics operation to date. DoD aided operational planning, developed interagency voice privacy radio networks using

DoD equipment and facilities, and provided expanded intelligence support. These significant contributions aided in disrupting maritime and airborne drug trafficking.

In April 1986 the President signed a National Security Decision Directive on Narcotics and National Security. This document assessed the threat from the international narcotics trade and directed specific actions to increase the effectiveness of U.S. counter-narcotics efforts. The Department of Defense, along with other departments and agencies having roles in drug enforcement, has been directed by the President to support more actively counter-narcotics efforts in many areas. Accordingly, we will increase our support for the interdiction of drugs coming into this country so that civilian law enforcement agencies can make necessary arrests, searches, and seizures. This will enhance the enforcement capabilities of these agencies and provide a proper focus for the armed forces without compromising the traditional separation of the military from civilian activities. In that regard, we are working closely with the law enforcement community to increase this type of indirect assistance.

We are also taking steps in countries other than the U.S. to deal with the drug production problem at its source. Such operations are accomplished in full accord with the host countries, Department of State, and Department of Justice.

In response to a request for assistance from the Government of Bolivia to the Department of State, elements of the Department of Defense are currently providing support to joint Drug Enforcement Administration/Bolivian National Police effort to counter cocaine processing/drug storage sites. The operation called

"Blast Furnace," involves DoD mobility and logistics assets to aid DEA's support to the Government of Bolivia. In view of the serious threat to the U.S. from the scope of drug trafficking in Bolivia, the Attorney General and the Deputy Secretary of Defense jointly declared the existence of an emergency situation as authorized by P.L. 97-86 (10 U.S.C. 374). This authority is the same as that pertaining to OPBAT as mentioned earlier. Our specific support includes aircrew and support personnel for U.S. Army Blackhawk helicopters used to provide quick insertion of Bolivian National Police and DEA agencts to cocaine production/cache sites. The U.S. Air Force is providing airlift for Army units to and from Bolivia as well as supporting in-country logistics.

The Department of Defense is also expanding its maritime support to the U.S. Coast Guard. We are actively supporting the program to expand the availability of Coast Guard tactical law enforcement (TACLETS) teams aboard U.S. Navy ships. For example, during the period October 1, 1985 through May 30, 1986 the Navy offered 344 ship deployments as potential platforms for Coast Guard law enforcement teams. The Navy offers all available ships and the Coast Guard selectively chooses those best suited to optimize use of tactical law enforcement teams. During this period, the Coast Guard selected 91 ship deployments which represented a utilization of 3,956 man-days aboard Navy ships. These included operation Hat Trick II, where TACLETS, on Navy ships, contributed to the seizure of 151,000 pounds of marijuana.

Mr. Chairman, the Defense Department shares the nationwide concern regarding the threat that drugs and drug trafficking pose

to our society and is proud to support this nation's campaign against illicit drug trafficking.

Thank you for the opportunity to appear before your Committee. Mr. Chairman, I would be pleased to answer any questions at the time.

PREPARED STATEMENT

OF

ADMIRAL PAUL A. YOST
COMMANDANT, UNITED STATES COAST GUARD

BEFORE THE

HOUSE SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL

OCTOBER 3, 1986

Admiral Paul A. Yost Jr.
Commandant
United States Coast Guard

Admiral Paul Alexander Yost, Jr. became the 18th Commandant of the United States Coast Guard on May 30, 1986. He was nominated to that position while serving as Commander of the Atlantic Area, Commander Maritime Defense Zone Atlantic, and Commander Third Coast Guard District in New York City where he was assigned in 1984.

In these roles, the Admiral was responsible for Coast Guard operations in the Atlantic, Caribbean, and Gulf of Mexico including drug interdiction, maritime law enforcement, and search and rescue, as well as maritime coastal defense under the authority of the Commander Atlantic Fleet, United States Navy.

Prior to his Third District assignment, Admiral Yost was Chief of Staff of the Coast Guard for three years at Headquarters in Washington, DC, where he managed planning, programming, and budgeting for the service. He was promoted to flag rank in 1978 and served as Eighth District Commander in New Orleans, Louisiana for three years.

Admiral Yost's management and operational positions included Chief of Staff and Chief of Operations for Seventeenth Coast Guard District in Alaska (1975), and Commander Task Group 115.3, a combat command in Vietnam (1969). In addition, he served as Special Assistant to the Deputy Secretary Department of Transportation and an Alternate Delegate on the U.S. Law of the Sea Delegation.

Admiral Yost was Captain of The Port, Seattle, Washington (1974), Special Assistant to the Chief Counsel, Coast Guard Headquarters (1972), and Chief, Bridge Branch, Aids to Navigation Division, Headquarters (1970). Seagoing duty included command of the cutter *Resolute* in San Francisco, California (1966).

Admiral Yost graduated from the Naval War College at Newport, Rhode Island, in 1964. He received master's degrees in international affairs from George Washington University (1964) and in mechanical engineering from the University of Connecticut (1959). He also completed course work toward a master's in business administration. Admiral Yost received a Bachelor of Science Degree from the U.S. Coast Guard Academy in New London, Connecticut, in 1951.

The Commandant's awards include The Distinguished Service Medal, Silver Star, Legion of Merit with combat "V", a gold star in lieu of a second Legion of Merit, Meritorious Service Medal, Combat Action Ribbon, Korean Service Medal, and United Nations Service Medal. He also received The Cross of Gallantry with Silver Star (RVN), Presidential Unit Citation, Navy Meritorious Unit Commendation, and the Distinguished Service Medal (RVN).

A native of St. Petersburg, Florida, Admiral Yost is active in church, school, and community affairs. He was awarded the Silver Beaver Award by the Boys Scouts of America. Admiral Yost is married to the former Jan Worth of Wakefield, Massachusetts. Mrs. Yost earned a degree in communications from the University of Maryland. They have five children: Linda L., Paul A. III, David J., Lisa J., and Christopher J. The Yosts reside in Chevy Chase, Maryland.

Mr. Chairman and members of the Committee, I am pleased to have the opportunity to meet with you today to provide an overview of the Coast Guard's drug law enforcement program.

The Coast Guard has been tasked with maritime law enforcement since the birth of our nation over two hundred years ago. Our activity in this area, especially the drug law enforcement mission is our highest priority mission.

In the 1970's traffickers had little fear of Coast Guard enforcement activities; loads of marijuana were stacked on the decks of vessels and in every available space, and smuggling tactics were very unsophisticated. Through the years, though, as law enforcement pressure in the maritime region has increased, there has been some shift by drug smugglers to other modes and methods of transportation. As you know, there has been a substantial increase in drug smuggling on our Southwest Border. There has been an increase in airdrop activity, the use of hidden compartments incorporated into the design of a boat or ship, the use of tug and barge combinations, and attempts by smugglers to circumnavigate our interdiction resources through counter-intelligence and the use of their own surveillance aircraft. These smuggling tactics are the result of our law enforcement effort. We are causing drug smuggling to become more difficult and expensive. In view of the more varied and complex tactics used by smugglers, the operational efforts to stem the overall flow of drugs have become increasingly dependent on the coordination of all law enforcement agencies' interdiction and intelligence gathering activities.

One of the most important elements of our surface maritime law enforcement mission is boarding vessels to determine if they are smuggling drugs. Analysis shows that while we must keep pressure on all facets of the maritime drug scenario, interdiction of "motherships", which deliver contraband to smaller boats well off our coast or fast contact boats near shore, has the greatest potential for disrupting the maritime flow of drugs. One mothership seizure may remove as much marijuana from the market as would 10-20 contact boat seizures. Therefore, Coast Guard surface drug interdiction operations have continued to concentrate on these large motherships. In addition to large quantities of marijuana, large quantities of other drugs (primarily cocaine) are being found, indicating a distinct shift in trafficking trends. Previously, we were rarely able to seize these higher value, low volume, drugs because they were usually disposed of "over the side" prior to the boarding of the vessel. However, last year we seized over 6,500 pounds of cocaine, up from the 1,967 pounds seized in 1984, and well above the high of 46 pounds in previous years. This year, as of August 31, we have seized 5,379 pounds of cocaine.

The Coast Guard's traditional drug interdiction strategy has been mainly directed toward intercepting vessels as they transit the major Caribbean passes. Starting in the fall of 1984, new tactics were employed. Operation Wagonwheel, conducted in November and December, 1984, was the key element of a larger national and international operation, Operation Hat Trick, coordinated by the National Narcotics Border Interdiction System (NNBIS). Operation Hat Trick was the first of several multiagency, international operations to complement anti-drug operations being carried out by foreign in-country forces ashore and afloat. The operation involved two to three times the Coast Guard cutters used in previous efforts, and, among other DOD assets, included seven Navy ships under Coast Guard tactical control.

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The latest Coast Guard effort provided a key element of Operation Hat Trick II and was very similar to Hat Trick I, but on a larger scale. Again, the Coast Guard, supported by the U.S. Navy, provided the primary maritime surface surveillance and interdiction forces. Air operations were also conducted by the Coast Guard and other agencies including the Customs Service, Navy, Air Force, Army and Marines. Maritime forces included more than 40 Coast Guard and Navy ships and many aircraft. In addition to the crews permanently assigned to the cutters and aircraft, personnel were temporarily reassigned from their regular duties to function as law enforcement teams aboard the Navy ships, to augment intelligence staffs, to provide in-country liaison, and to be on the squadron commander's staff.

The successes of these operations point out the advantage of occasional offensive tactics against trafficking organizations, and they also show the value of DOD assistance to these operations. A similar type of cooperative effort, the Southwest Border Initiative, is currently being undertaken to gain control of the Southwest Border.

The Southwest Border Initiative is primarily focused toward the interdiction of narcotics coming by land or air across the land border with Mexico. The U.S. Coast Guard, as the nation's primary maritime law enforcement agency, has been active in its planning. Smugglers may try to circumvent the land and air interdiction system which would increase maritime trafficking near the southwest border. Therefore, the Coast Guard will conduct drug interdiction operations in support of the Southwest Border initiative on the high seas in the Gulf of Mexico and off the coast of southern California. Coast Guard aircraft will conduct surveillance flights in these areas to assist Coast Guard cutters in locating and identifying vessels carrying contraband en route to the United States. In addition, Coast Guard vessels at our stations near the U.S./Mexican border will be available to assist Customs Service marine modules intercept drug laden vessels nearer our southern shores. Coast Guard aircraft, cutters, boats and personnel will be made available to assist other agencies in support of this mission.

The President has proclaimed that drug abuse is a matter of national security. Legislation that has passed Congress contains two important proposals for the Coast Guard's ability to detect, arrest, and prosecute drug smugglers. First, the legislation modifies the Mansfield Amendment, which has inhibited the Coast Guard's ability to conduct coordinated law enforcement efforts with coastal states and the Coast Guard's ability to enforce U.S. law in coastal territorial seas despite the consent of the coastal state. This is particularly important when the suspected "mothership" is located in the territorial seas of a country near the United States, such as the Bahamas. Second, it amends the Biaggi-Gilman Bill, 21 USC 955a. The amendment will eliminate defensive ploys during trial unrelated to the issue of whether the individuals were trafficking in controlled substances.

Mr. Chairman, before I offer to answer questions, I'd like to discuss my personal concerns regarding cocaine trafficking and what I feel will be necessary to combat this worsening problem.

As you are aware, cocaine abuse, particularly crack, is becoming a major epidemic of disastrous proportions. Although we are finding instances of

major loads of cocaine being smuggled by sea, we feel the bulk of the cocaine is still entering the U.S. by air on a daily basis.

The air interdiction problem has major "time and distance" factors to solve, requiring a major concerted, cooperative effort of all agencies to effectively resolve. The Coast Guard has a major responsibility for drug interdiction, but the cooperative efforts of all involved agencies, i.e., Customs, DEA and DOD are now being focused on the problem. We have a long way to go to stem the some 2 ton/week cocaine habit that the people of the United States now have.

This concludes my statement, Mr. Chairman. I will be happy to answer any questions you or the members of the committee may have.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

For Release Only Upon Delivery

STATEMENT

BY

CHARLES R. SCHUSTER, Ph.D.

DIRECTOR

NATIONAL INSTITUTE ON DRUG ABUSE

BEFORE THE

SELECT COMMITTEE ON NARCOTICS

ABUSE AND CONTROL

U.S. HOUSE OF REPRESENTATIVES

ON

NATURE AND EXTENT OF DRUG ABUSE

THROUGHOUT THE UNITED STATES

RAYBURN BUILDING--ROOM 3188

9:00 A.M.

FRIDAY OCTOBER 3, 1986

Mr. Chairman and Members of the Subcommittee, the Department of Health and Human Services appreciates your invitation to appear before the Committee today to discuss the nature and extent of drug abuse throughout the United States. I am Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse.

The Dimensions of the National Problem

There can be no doubt that drug abuse is one of the gravest problems facing the United States today. While the number of Americans using drugs has somewhat stabilized, drug use remains at very high and unacceptable levels. In fact, the use of some drugs is still increasing among certain groups within the population.

To enable NIDA to better understand the nature and extent of the problem, the Institute supports several national epidemiological surveys. These studies include a national household survey usually conducted every three years and an annual nationwide survey of drug use among high school seniors. NIDA also maintains a nationwide drug abuse monitoring system known as DAWN (The Drug Abuse Warning Network) in hospital emergency rooms in 27 large urban areas across the United States. The emergency room data are supplemented in many cities with a medical examiner system which charts trends in deaths caused by or related to drug abuse.

The National Household Survey on Drug Abuse reflects the magnitude of the problem in the U.S. Our latest available survey completed in 1982

reveals that 20 million Americans had used marijuana; 4 million Americans had used cocaine; 2 million Americans had used other stimulants; and over 1 million Americans reported using sedatives without a prescription during the preceding 30 days. The data from the 1985 Household Survey are now being analyzed and will be released shortly. Let's hope that there are not significant increases but if it follows the pattern of the high school survey, which it generally has for the past several years, we may see some elevations in drug use.

Data from the national High School Senior Survey indicated that the number of young Americans using drugs increased dramatically in the two decades from 1960 to 1979. This upward trend peaked and then began to recede for many drugs between 1979 and 1984. However, this five-year decline in drug use among America's high school students appears to have stalled in 1985, according to findings from this most recent survey.

In fact, the use of some drugs, which until 1984 had been either level or declining, showed increases in 1985. These include cocaine, PCP, and opiates other than heroin. Cocaine is a major problem because it deserves special mention and I would like to spend a few moments discussing the consequences it poses for us.

It was found that cocaine use by these young people increased in 1985 among virtually all of the subgroups examined. These included both males and females, the college-bound and the non-college bound, and students from rural and urban areas in all regions of America except

the South. Data from NIDA's Drug Abuse Warning Network (DAWN) show that between 1981 and 1985 there was a threefold increase in the number of emergency mentions of cocaine and of medical examiner reports of cocaine-related deaths. The number of cocaine related deaths reported by medical examiners increased from 195 in 1981 to 613 in 1985. At the same time, there has been a threefold increase in treatment admissions for cocaine since 1979. We believe we are seeing the tragic results of the cocaine use that began its sharp increase in the late 1970's and is continuing in the 1980's.

Young people have been experimenting with drugs at younger and younger ages. For marijuana, alcohol, and cigarettes--the "gateway drugs"--the average age at first use now is at the junior high school level and sometimes below. The most recent calculations by NIDA reveal that the average age of first use for cigarettes is 10.9 years; for alcohol, 12.3 years; and for marijuana, 13.4 years of age. A recent NIDA study reveals that 94.8 percent of cocaine users had first used marijuana. While drug usage rates vary from community to community and there are some differences in the extent and pattern of use by sex, race-ethnicity, and social class, no group has been found to have an immunity.

The Department of Health and Human Service Role:

Because drug abuse is such a complex problem--one which involves scientific, economic, legal, and public policy issues--it demands a highly complex and comprehensive solution. The goal of the drug abuse

policy of the Federal Government is to eliminate both drug abuse and its adverse consequences.

The National Institute on Drug Abuse (NIDA) plays a significant part in this multi-faceted approach. It focuses on the demand reduction side, a broad mandate that once included providing direct financial assistance for drug abuse education, training, treatment, and rehabilitation, as well as conducting both an intramural and extramural research program. In 1982 under the block grant legislation, full responsibility for carrying out treatment and prevention service functions was transferred from the Federal government to the States. As a result of the transfer, data previously collected through a national reporting system known as the Client Oriented Data Acquision Process (CODAP), is no longer fully available to NIDA. Some of the States still report these data on a voluntary basis.

NIDA's current role in the area of demand reduction, is (1) to develop and disseminate new knowledge about drug abuse, its prevention and treatment and (2) to exercise national leadership in encouraging and assisting the private sector, the states, and local governments to implement and support prevention, intervention, and treatment programs in their communities.

Drug Abuse Among Blacks

The Department has undertaken to gather information on race or ethnic-specific rates for drug abuse or its consequences. Our sources of data include information from DAWN and case studies which suggest

that certain minority populations may experience drug abuse and suffer certain adverse consequences disproportionate to their representation in the populations. Nevertheless, data from our National Household Survey show that the overall prevalence of drug abuse in the general household population, aged 12 and older, is about the same for minorities as it is for whites. But we also know from that same survey that the prevalence of drug use within the household population is generally higher in urban areas than in suburban or rural areas. Thus, to the extent that minorities, particularly Blacks and Hispanics, are more likely to reside in the inner cities, they may be more at risk both for drug abuse and the negative social and health consequences associated with it. Data from the 1980 census indicate that Blacks constitute 11.7 percent of our population, but 22.5 percent of the population of the inner cities.

Concern has been expressed concerning the need for a more concentrated prevention effort among ethnic minority populations than is presently in effect. The available data on Blacks and Hispanics from the 1982 National Survey are sufficient for reporting national prevalence trends but, due to small sample size, are not sufficient for making valid inference about these sub-populations alone. Population projections indicate that while the overall proportion of youth, 12-17, will decline for the Nation as a whole, the percentage of ethnic minority youth/adolescents, especially Blacks and Hispanics, will increase in the near future thus raising their risks of drug abuse.
In order to allow the proper sub-population inferences, the 1985 National Survey oversampled for Blacks and Hispanics but the data are

still being analyzed. In addition, the 1985 Survey compared dropouts against the national data and these data, which have important implications for research priorities and program planning, will be reported shortly.

NIDA's Research Program

NIDA engages in a full complement of research including extramural and intramural activities. A number of important findings have emerged over the years but we are presently focusing upon special priority areas such as cocaine, cocaine freebase, and "crack," the first inexpensive and ready-to-use form of freebase cocaine which is widely available on the streets of major U.S. cities. Another priority area is drug detection technologies such as urine screening.

We now know, for example, that cocaine is a powerfully addictive drug, exerting its effect by acting directly on the reward or pleasure centers of the brain. This action produces an intense desire to experience the effects of cocaine again. Cocaine's positive reinforcing properties have been demonstrated in every species of animal tested. Further, if access to the drug is not limited, there is evidence that some animals will self-administer cocaine to the point of toxicity and death, selecting cocaine in preference to food and water. As with other forms of cocaine, a crack overdose can also cause fatal cardiorespiratory arrest. No commentary could equal the tremendous sorrow which gripped the nation recently over the deaths of two splendid young athletes who suffered fatal cardiorespiratory arrest while abusing cocaine.

We are particularly concerned about "crack." Because this freebase form of cocaine is smoked and affects the brain so fast, its use causes more rapid addiction. Making it even more dangerous is the fact that crack is inexpensive enough for many high school students to afford.

To encourage additional research, in 1984, NIDA distributed a new research announcement to the field inviting applications for studies to broaden understanding of cocaine use and help identify effective strategies for treatment and prevention. This research is to focus on a number of areas, including etiology, biomedical aspects, neuroscience, behavioral pharmacology, treatment, and prevention. This represents a significant expansion in our research portfolio on cocaine.

AIDS:

NIDA has been gravely concerned about the relationship between intravenous drug abuse and AIDS. Based on national data, individuals with a history of intravenous drug use make up approximately 25 percent of the total number of reported AIDS cases. Pediatric cases represent less than 1 1/2 percent of the total AIDS cases; however, 56 percent of these children are the offspring of IV drug users.

Blacks, both as children and as adults, are greatly over-represented among AIDS victims. Fifty-eight percent of the afflicted children are Black and 25 percent of the adults/adolescents.

NIDA's activities in the area of AIDS have focused on three principal

populations: drug users currently infected with the AIDS virus; other drug users at high risk of and concerned about the disease; and drug abuse treatment and service providers. We are funding studies on the role of drug use and the interaction of drugs of abuse on the immune system. We are also encouraging studies to develop and expand our understanding of the epidemiology and natural history of AIDS among populations at risk for developing the disease due to drug abuse or contact with drug abusers. Other research efforts focus upon finding the most effective ways to decrease needle sharing and unsafe sexual practices among individuals who are at risk for transmitting the AIDS virus to others.

Treatment Research:

Treatment research is another priority area. As more is known through research about those treatment methods that are both successful and cost effective, emphasis will be given to the compulsive drug abusers who engage in aggressive behavior and crime, and who are the least responsive to education and information on the dangers of drug use. Finally, we are interested in the entire question of vulnerability to drug abuse. We now know from research over the past decade that heredity may be a factor in vulnerability for developing alcoholism and recent findings indicate that there are gender differences in this vulnerability - boys appear more at risk than girls. NIDA's future research program includes studies of the known connections between aggressive behavior in childhood, and the problems which may develop later in life with drug abuse and violence. This research will investigate possible interventions for dealing with this phenomenon.

Other emphases will include the influence of the environment (social interaction, sensory stimulation, stress), the effect of nutrition that may influence the metabolism of important neurotransmitters, and the special problems of school drop-outs, behavioral problem children, children of users, ethnic and minority populations, which may place them at particular risk for drug use and abuse.

First National Conference on Alcohol and Drug Abuse Prevention:

NIAAA and NIDA sponsored the First National Conference on Alcohol and Drug Abuse Prevention on August 3-6 of this year. The conference served as a excellent vehicle for presenting state-of-the-art information on prevention research, policy, networking and program replication models to over 900 attendees representing school systems, higher education, primary health care, Federal, State and local governments, parents' groups, volunteering associations, the military, community/mental health programs, criminal justice and business and industry. The need to sustain this effort at regular intervals in the future was demonstated by the fact that several hundred people had to be turned away.

Media Campaigns:

During the past 3 years, NIDA has been involved in two major national media campaigns designed to disseminate the most accurate and current information about drug abuse--the information which our research provides--to carefully targeted audiences. The 1983-1985 NIDA Drug Abuse Prevention Media Campaign was developed to reach parents and

young people with drug abuse prevention messages through a broad range of media materials. The campaign was designed to motivate parents to learn about drugs, talk to their children about the drug problem, and join with other parents to fight drug abuse in the community. Equally important, NIDA wanted to motivate young people to take their own action to resist peer pressure to use drugs, and accordingly, a major theme of the campaign was "Just Say No." This message was integrated into radio and television public service announcements distributed to broadcasters nationally and into print materials distributed to organizations and agencies throughout the country.

In 1985, NIDA launched Phase II of this highly successful campaign by expanding its target audiences to include inner city young people, ages 10 to 14, and their families. Phase II used subway transit ads with antidrug messages and new radio and television public service announcements, featuring Black and Hispanic narrators and appropriate urban settings.

In March of this year, NIDA launched another major media campaign focused on cocaine. It is called, Cocaine. The Big Lie. The campaign's primary audience is young, employed, multi-ethnic adults, 18 to 35 years old; future target audiences will include high school and college students. The next phase of the campaign will be targeted to high school and college students and will include information on the dangers of "crack." NIDA also set up a toll-free treatment referral hotline number which is cited on all media campaign ads. The number, 1-800-662-HELP, has serviced approximately 12,000 callers since it began operating on April 15.

Multicultural Initiative

NIDA's drug abuse prevention programs targeted at Blacks, Hispanics, American Indians, and Asian Americans have effectively demonstrated that ethnic minority communities can be mobilized to focus on drug abuse prevention issues. An excellent project which incorporates successful approaches of the parents movement was developed by the Oakland Parents In Action to meet the special needs of the predominantly Black community of North Oakland, California, and is now being replicated in three different ethnic areas.

On-site technical assistance is being provided through NIDA's Prevention Branch to assist The LINKS, a predominantly Black women's social service organization, in promoting the participation of local citizens in drug and alcohol abuse prevention in ethnic minority communities. Pilot projects are being implemented in 12 cities and in four regions of the country extending through 1987. All activities are supported with LINKS resources. This represents the first attempt by a national organization to implement a grass-roots program in Black communities throughout the United States.

In that regard, I would like to mention that NIDA staff recently was presented national awards by the LINKS for supportive work in helping to establish their Project Lead Substance Abuse National Program. NIDA staff has collaborated with Delta Sigma Theta Sorority to assist in implementing its "Just Say No" Clubs project. This sorority is a private, non-profit organization consisting of about 125,000 mostly Black college-trained women whose purpose is to provide services and

progams for youth. NIDA also has engaged in the same type of collaboration with Zeta Phi Beta, another black sorority dedicated to providing services and programs for youth.

Mr. Chairman, these are some of the programs that are being carried out by NIDA and the Department of Health and Human Services in the war against drugs. There have been many notable successes but much remains to be done.

The National Institute on Drug Abuse stands ready to continue working toward reducing the demand for abusable substances and toward effecting a real reduction in the deleterous health consequences associated with their use.

Mr. Chairman, this concludes my formal statement. I would be happy to answer any questions you might have.

TESTIMONY OF
JOHN P. WALTERS
SPECIAL ASSISTANT TO THE SECRETARY
U.S. DEPARTMENT OF EDUCATION

BEFORE THE CONGRESSIONAL
BLACK CAUCUS
OCTOBER 3, 1986

I am pleased to have this opportunity to address the Congressional Black Caucus on the problem of drug use among America's school children and to report on what Secretary William Bennett and the Department of Education have been doing in this area.

As you know, the Administration has a record of leadership in combatting illegal drug use throughout our society. The President recently restated his determination to see that we become a drug-free nation and announced new legislative proposals toward this end. In addition, the First Lady has worked tirelessly speaking out against drug use particularly by children. Her "Just Say no" campaign is the Nation's foremost effort to encourage children to resist illegal drugs.

Secretary Bennett's concern with student drug use began long before his arrival at the Department of Education; in his first interview, when asked if he had a magic wand and could change any one thing in our schools what it would be, he said it would be to get drugs out of every school. For more than a year

Secretary Bennett has been discussing this problem with parents and educators on visits to schools throughout the nation. He has also been meeting with narcotics officers around the country to discuss the problem of school-age drug use.

How serious is our school-age drug problem? The best and most recent survey tells us that in 1985 sixty-one percent of all high school seniors -- roughly two million young men and women -- had tried illicit drugs. Forty-one percent had used drugs other than marijuana.

Most initial experiences with drugs now occur before high school Almost one-third of the seventh graders in the State of New York, for example, reported that they had used illegal drugs before entering the seventh grade. In a 1983 poll, 25% of fourth graders reported pressure among their peers to try alcohol and marijuana. Among seventh graders, fifty percent report pressure to try marijuana.

Now, some of these numbers -- particularly those pertaining to regular marijuana use -- are actually lower than they were in the late 70's. But the levels of use remain unacceptably high, and the use of some especially dangerous drugs has gone up. Thirteen percent of high school seniors -- the highest

percentage ever -- say they have used cocaine at least once in the last year.

Recently, a new, more powerful form of cocaine has become popular with some of the nation's young people in both the cities and suburbs. It's called crack. Crack is relatively inexpensive and is easier to use than other forms of cocaine. Its effect is quicker and more potent, and it may be the most addictive substance known.

The use of PCP, or phencyclidine, is also on the rise in some areas. It's particularly popular among inner-city teens, especially here in Washington. PCP is considered one of the most dangerous drugs available: it attacks the neo-cortex -- the portion of the brain that controls irrational impulses. This drug is a recipe for disaster for the user and for all those who happen to be around him.

The facts on drugs are alarming. They're alarming to us, and they're alarming to our children as well. In 1985, when 13-to 18-year-olds were asked by the Gallup Poll to identify the biggest problems confronting young people today, drugs topped their list. No other problem came close. In addition, four out of five high school students report that state laws

regarding drug dealing are too lenient. And four out of five report that state laws regarding drug use -- including marijuana use -- are too lenient. Our children are seeking more forceful help from us.

Drug use concerns our children. It concerns us all. And it's a special concern for our schools. Why? Let me offer three reasons.

First, students are taking drugs in our school buildings. Among 1985 high school seniors who said they had used cocaine in the last year, 22 percent reported using it in school. Forty-six percent of heavy drug users report using marijuana in school within the last year.

Second, drug use is a school problem because it undermines students' academic performance. Research tells us that students who use marijuana regularly are twice as likely as other students to average D's and F's. A national study of high school students reveals that drop-outs are twice as likely to be frequent drug users. I think the case here is clear: when students are using drugs, chances are they are not going to be learning.

Third, drugs can disrupt an entire school. When large numbers of students in a class are on drugs, or absent, the academic progress, not just of the users, but of all those around them who have the good sense and courage to resist drugs, is impeded. And concentrated drug use brings to a school all those illegal activities whereby users support their habit.

So the question is, what do we do about school-age use?

As Secretary Bennett has stated: "The most fundamental responsibility of the adults in any society is the nurture and protection of its children. Today, the spread of drugs in America poses a grave challenge made especially alarming by the fact that drugs have too often found a home in that one institution which, next to the family, is society's principal agent in the upbringing of children -- the school."

In order to meet this threat the Department of Education has published Schools Without Drugs. This handbook is a follow-up to the popular education guide What Works, which we released earlier this year. Like What Works, it is a clearly written, practical handbook meant, not for bureaucrats, but for those on the front lines of education: for parents, teachers, principals, students, legislators, and community groups. What

Works is a how-to guide to teaching and learning, and Schools Without Drugs is a how-to guide to overcoming student drug use. It is based on the research of drug prevention experts, and on the experience of schools, parent groups, and law enforcement officials working at drug prevention across the country.

Schools Without Drugs tells how extensive drug use is, and how dangerous. It tells how drug use among students starts, how it progresses, and how it can be identified. Most importantly, it tells how it can be stopped. It recommends strategies -- and describes communities -- that have succeeded in beating drugs. It concludes with a list of resources and organizations that parents, students, and educators can turn to for help. We have mailed a copy of Schools Without Drugs to every school in the country: elementary, junior high and high school. And we have made it available to every American, free of charge.

The response, I'm pleased to say, has been tremendous. Since we released it three weeks ago, almost 600,000 copies of Schools Without Drugs have been mailed or requested. The phone company tells us that on the first day alone, we had over 100,000 calls to our toll-free number. We had 20 phone lines, and could only answer some of those calls, so we added more lines. Throughout the past week we've been answering up to one

thousand calls per hour -- the most we can take. Including our distribution to every school in the country, almost half a million copies of Schools Without Drugs are on their way to the American people.

We've also had a good response from the press. Ernest Furgurson of the Baltimore Sun, for example, has written that Schools Without Drugs may be "the single most effective weapon" in the fight against drugs. He wrote: "This is the first time in 18 years of column writing that I have plugged a government handout this way. I may never do it again. This manual is an extraordinary public service."

We've had a good response from educators. Sam Sava, Executive Director of the National Association of Elementary School Principals, has said it will be an "enormously helpful" document to principals. And Scott Thomson, Executive Director of the National Association of Secondary School Principals, has told us that this book is "exactly what's needed."

But most important of all, the American people seem to be welcoming this book. A school bus driver called for copies because she wants to give it to every child on her bus. A disc jockey requested a copy because he wants to read sections over the air between music. A ten-year-old called and asked for ten

copies because, he said, he doesn't want drugs in his school. Grandmothers, counselors, nurses, ministers, mayors, -- all kinds of people are asking for copies. And the administrators at the places Schools Without Drugs talks about -- places like Northside High School in Atlanta and the Anne Arundel Country District in Maryland -- tell us that they are getting dozens of calls from other school officials who want to replicate their successes.

Last month, the Administration also announced a legislative package that included the Drug-Free Schools Act of 1986 -- also known as the Zero-Tolerance Act. It was a $100 million grant program to help communities institute programs like those recommended in Schools Without Drugs: $70 million would go to states for as discretionary grants to local districts; up to $10 million would be available for drug prevention activities at the state level, such as technical assistance to school districts and data collection; and $20 million would be used for federal discretionary grants for research, developing model programs, and for workshops involving schools, law enforcement officials, courts, and treatment agencies.

At the Department of Education we are working with a number of federal agencies on the drug abuse problem. The Department is represented on the Cabinet's Domestic Policy Council Working

Group on Drug Abuse Policy, which is coordinating federal efforts against drug abuse. The Secretary of Education also recently became a regular member of the National Drug Enforcement Policy Board. In addition, we participate with the Justice Department in the Coordinating Council on Juvenile Justice and Delinquency Prevention. And the Department of Education has joined with the National Institute on Drug Abuse to sponsor a series of regional conferences for state alcohol and drug abuse prevention personnel and parent groups.

The Department of Education also administers an alcohol and drug abuse education program through its Office of Elementary and Secondary Education. Since 1976, this program has funded prevention efforts that foster a "school-team approach." Typically, a team consisting of school administrators, teachers, parents, students, and community members submits a proposal for prevention efforts and receives training at one of five regional training centers funded under the Department's program. The program has trained more than 5,000 teams and about 19,000 individuals. In 1985, this program was supported by $4 million from non-federal sources in addition to the monies provided by the Department of Education.

Despite all that the Department of Education and other federal agencies are doing, our national battle against drugs in school

cannot be won by the federal government. It will have to be fought locally, by individual communities -- by schools working with parents and other partners in the community. Success in this battle will require firm community drug policies, and equally firm enforcement. We are convinced that the American people understand the clear and present danger drugs pose to our children, and that the fight can be won.

The Department of Education can provide important aid to these local efforts. I believe that the Department's new two-pronged attack -- Schools Without Drugs and expanded funding for prevention efforts in the schools -- will give a powerful boost to communities seeking to wipe the scourge of drugs from their schools.

In closing, let me emphasize this one, final point: Schools need allies. No school is going to solve its drug problem alone. Schools should, of course, be able to rely on the support and the involvement of parents. It is parents, always, who must be chiefly concerned with the welfare of our children. In addition to parents, there are numerous others to whom schools should be able and willing to turn. There are religous groups -- the fight against drugs is, after all, a fight for our children's souls. There are community groups, like Kiwanis and the Jaycees. There are businesses, which can

lend resources, job incentives, and their own management expertise. And there are the local police and other law enforcement officials. Creating schools without drugs is a community endeavor, and it is a community responsibility. It is the responsibility of the community of adults.

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